

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
COMMITTEE TO RE-ELECT STEVE KEYES FOR BEXLEY CITY COUNCIL			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
STEPHEN KEYES			
Street Address	Description of Item or Service	M	D Y Fair Market Value
206 NO. DAREL AVE.	POSTCARD PRINTING & MAILING	1	0 21 15 \$3,091.71
City	State Zip Code	Received at Fundraising Event?	
BEXLEY, OH 43209	OH 44114	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
STEPHEN KEYES			
Street Address	Description of Item or Service	M	D Y Fair Market Value
206 NO. DAREL AVE.	FEES FOR CAMPAIGN WORKERS	1	1 04 15 \$1,040
City	State Zip Code	Received at Fundraising Event?	
BEXLEY, OH 43209	OH 43209	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
STEPHEN KEYES			
Street Address	Description of Item or Service	M	D Y Fair Market Value
206 NO. DAREL AVE.	CAMPAIGN T-SHIRTS	1	0 21 15 \$380.49
City	State Zip Code	Received at Fundraising Event?	
BEXLEY, OH 43209	CA 94301	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
STEPHEN KEYES			
Street Address	Description of Item or Service	M	D Y Fair Market Value
206 NO. DAREL AVE.	CAMPAIGN	1	1 03 15 \$57.97
City	State Zip Code	Received at Fundraising Event?	
BEXLEY, OH 43209	OH 43209	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Totals \$4,570.17