

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Keck for Council						
Full Name of Contributor Mike Beer				Registration Number, if PAC		
Street Address 8500 Innisfree Drive		Employer/Occupation/Labor Organization* Williams & Jensen			Form (Cash, Check, etc.) Check	
City Springfield	State V A	Zip Code 22153	M 0 4	D 2 0	Y 0 9	Amount 250.00
Full Name of Contributor Laird Ackerson				Registration Number, if PAC		
Street Address 1939 Cemetery Rd		Employer/Occupation/Labor Organization* Ackerson Eye Care			Form (Cash, Check, etc.) Check	
City Hilliard	State O H	Zip Code 43026	M 0 4	D 2 0	Y 0 9	Amount 50.00
Full Name of Contributor Andy Teater				Registration Number, if PAC		
Street Address 3837 Dayspring		Employer/Occupation/Labor Organization* ODOT			Form (Cash, Check, etc.) Check	
City Hilliard	State O H	Zip Code 43026	M 0 4	D 2 4	Y 0 9	Amount 50.00
Full Name of Contributor John Galasso				Registration Number, if PAC		
Street Address 2229 Bluebell Lane		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 0 4	D 2 4	Y 0 9	Amount 100.00
Full Name of Contributor Tom Lindsey				Registration Number, if PAC		
Street Address 4740 Strayer Dr		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Hilliard	State O H	Zip Code 43026	M 0 4	D 2 4	Y 0 9	Amount 100.00
Full Name of Contributor Bill Hedrick				Registration Number, if PAC		
Street Address 535 W. 1st Ave		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 4	D 2 4	Y 0 9	Amount 30.00
Full Name of Contributor Al Iosue				Registration Number, if PAC		
Street Address 5793 Walterware Dr		Employer/Occupation/Labor Organization* Engineer/SWACO			Form (Cash, Check, etc.) Check	
City Hilliard	State O H	Zip Code 43026	M 0 4	D 2 9	Y 0 9	Amount 50.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the 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 appear. [R.C. 3517.10(B)(4)]