Statement of Contributions Received

Name of Candidate or Campaign Committee in Full							
Michael H. Keenan							
Full Name of Contributor			**Registration Number, if PAC**				
Michael H. Keenan							
Street Address	**Street Address Continued**						**Form (Cash, Check, etc.)**
7103 Coventry Woods Dr.							Check/Credit Card
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Dublin	OH	43017	10	21	15		5,869.92
Full Name of Contributor			**Registration Number, if PAC**				
Street Address	**Street Address Continued**						**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Full Name of Contributor			**Registration Number, if PAC**				
Street Address	**Street Address Continued**						**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Full Name of Contributor			**Registration Number, if PAC**				
Street Address	**Street Address Continued**						**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Full Name of Contributor			**Registration Number, if PAC**				
Street Address	**Street Address Continued**						**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Full Name of Contributor			**Registration Number, if PAC**				
Street Address	**Street Address Continued**						**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Full Name of Contributor			**Registration Number, if PAC**				
Street Address	**Street Address Continued**						**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Full Name of Contributor			**Registration Number, if PAC**				
Street Address	**Street Address Continued**						**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**

Page Total $ 5,869.92