

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS FOR KEYES - STEPHEN KEYES, TREASURER - 206 N. DREXEL AVE. - BEXLEY OH 43209							
Full Name of Contributor STEPHEN KEYES				Registration Number, if PAC			
Street Address 206 N. DREXEL AVE.		Employer/Occupation/Labor Organization EXECUTIVE - NATIONWIDE MUTUAL INSURANCE CO.		Form (Cash, Check, etc.) BANK TRANSFER			
City BEXLEY	State OH	Zip Code 43209	M 0	D 5	Y 2	Amount \$500	
Full Name of Contributor STEPHEN KEYES				Registration Number, if PAC			
Street Address 206 N. DREXEL AVE.		Employer/Occupation/Labor Organization EXECUTIVE - NATIONWIDE MUTUAL INS. CO.		Form (Cash, Check, etc.) BANK TRANSFER			
City BEXLEY	State OH	Zip Code 43209	M 0	D 9	Y 2	Amount \$5,000	
Full Name of Contributor STEPHEN KEYES				Registration Number, if PAC			
Street Address 206 N. DREXEL AVE.		Employer/Occupation/Labor Organization EXECUTIVE - NATIONWIDE MUTUAL INS. CO.		Form (Cash, Check, etc.) BANK TRANSFER			
City BEXLEY	State OH	Zip Code 43209	M 1	D 0	Y 1	Amount \$1,500	
Full Name of Contributor STEPHEN KEYES				Registration Number, if PAC			
Street Address 206 N. DREXEL AVE.		Employer/Occupation/Labor Organization EXECUTIVE - NATIONWIDE MUTUAL INSUR. CO.		Form (Cash, Check, etc.) BANK TRANSFER			
City BEXLEY	State OH	Zip Code 43209	M 1	D 0	Y 2	Amount \$2,000	
Full Name of Contributor BRYAN FELDMAN & MELISSA ZOY				Registration Number, if PAC			
Street Address 192 N. DREXEL AVE.		Employer/Occupation/Labor Organization PHYSICIAN / SELF		Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M 0	D 6	Y 0	Amount \$100	
Full Name of Contributor CITIZENS FOR GARLAND				Registration Number, if PAC			
Street Address 4983 MEADOWAY DR.		Employer/Occupation/Labor Organization ELECTION COMMITTEE FOR NANCY GARLAND		Form (Cash, Check, etc.) CHECK			
City NEW ALBANY	State OH	Zip Code 43054	M 0	D 6	Y 0	Amount \$100	
Full Name of Contributor GORDON HECKER				Registration Number, if PAC			
Street Address 363 N. DREXEL AVE.		Employer/Occupation/Labor Organization MARKETING EXEC. / NATIONWIDE MUT. INS. CO.		Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M 0	D 6	Y 0	Amount \$100	
Full Name of Contributor KEVIN BABY				Registration Number, if PAC			
Street Address 172 S. COLUMBIA		Employer/Occupation/Labor Organization EXECUTIVE / AEP		Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M 0	D 6	Y 0	Amount \$100	

* 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 also appear. [R.C. 3517.10(B)(4)]