

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 MEROM BRACHMAN				Registration Number, if PAC			
Street Address 311 N. DREXEL		Employer/Occupation/Labor Organization EXECUTIVE / YENKIN-MAJESTIC		Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M 09	D 01	Y 11	Amount \$ 100	
Full Name of Contributor DEBBIE KANE				Registration Number, if PAC			
Street Address 181 STANBURY		Employer/Occupation/Labor Organization COLS. SCHOOL FOR GIRLS / TEACHER		Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M 09	D 12	Y 11	Amount \$ 50	
Full Name of Contributor KARIN YAFFE				Registration Number, if PAC			
Street Address 307 S. PARKVIEW		Employer/Occupation/Labor Organization HOUSEHOLD		Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M 09	D 19	Y 11	Amount \$ 50	
Full Name of Contributor MARTHA (PEGGY) LAZARUS				Registration Number, if PAC			
Street Address 2770 BEXLEY PARK RD.		Employer/Occupation/Labor Organization CONSULTANT / SELF		Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M 09	D 19	Y 11	Amount \$ 100	
Full Name of Contributor CAROL LANNAN				Registration Number, if PAC			
Street Address 832 VERNON RD.		Employer/Occupation/Labor Organization CHASE BANK / IT PROFESSIONAL		Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M	D	Y	Amount \$ 25	
Full Name of Contributor SARAH ZIEGLER				Registration Number, if PAC			
Street Address 386 N. PARKVIEW		Employer/Occupation/Labor Organization SELF		Form (Cash, Check, etc.) CHECK			
City BEXLEY	State OH	Zip Code 43209	M 10	D 20	Y 11	Amount \$ 400	
Full Name of Contributor JAMES WILSON				Registration Number, if PAC			
Street Address 2404 BEXLEY PK. RD.		Employer/Occupation/Labor Organization VOR45 LAW FIRM / ATTORNEY		Form (Cash, Check, etc.) CREDIT CARD			
City BEXLEY	State OH	Zip Code 43209	M 06	D 02	Y 11	Amount \$ 150	
Full Name of Contributor STEVEN MAURER				Registration Number, if PAC			
Street Address 2560 STANBURY		Employer/Occupation/Labor Organization ADMINISTRATOR / U.S. DEPT. OF AGRIC.		Form (Cash, Check, etc.) CREDIT CARD			
City BEXLEY	State OH	Zip Code 43209	M 06	D 02	Y 11	Amount \$ 40	

* 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)]