In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS FOR KEYES - STEPHEN KEYES, TRASMAN - 206 N. DARENEL AVEBENLEY, OH 43209 EVILL Name of Contributor. Registration Number (FRACE)						
Full Name of Contributor STEPHEN KEYES	MATION WIDE MUTUAL INSUR. CO.		registration number, it fac			
STEPHEN KEYES Street Address 206 N. DAEXEL AVE.	Description of Item CAMPAIGN	or Service FOR T-SHIATS ELECTION DAY				
BEXLEY	Sta te	2ip Code 43209		d at Fund	raising Event?	
Full Name of Contributor STEPHEN KEYES	NATIONWINE	Employer, Occupation, Labor Organization* NATIONU IBE MUTUAL INSUR. CO -		Registration Number, if PAC		
STEPHEN KEYES Street Address 206 N. DREXET AVE.	LUNCH FOR	Description of Item or Service LUNGH FOR ELECTION LAY SWORKERS			Y Fair Market Value \$65.68	
BEXLEY	OH	Zip Code 43209	☐ YES	s	raising Event?	
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item	Description of Item or Service		D	Y Fair Market Value	
City	Sta te	Zip Code	Received YES		raising Event?	
Full Name of Contributor	Employer, Occupat	tion, Labor Organization*	Registra	tion Num	ber, if PAC	
Street Address	Description of Item	or Service	M	D	Y Fair Market Value	
City	Sta te	Zip Code	Received		raising Event?	
Full Name of Contributor	Employer, Occupat	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item or Service		M	D	Y Fair Market Value	
City	Sta te	Zip Code	Received at Fundraising Event? □ YES □ NO			
Full Name of Contributor	Employer, Occupate	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item	or Service	M	D	Y Fair Market Value	
City	Sta te	Zip Code	Received YES		raising Event?	
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	Sta te	Sta te Zip Code		Received at Fundraising Event? UYES UNO		
Full Name of Contributor	Employer, Occupati	Employer, Occupation, Labor Organization*		Registration Number, if PAC		
Street Address	Description of Item or Service		M	D	Y Fair Market Value	
City	Sta te	Zip Code	Received		raising Event?	

Page Total \$ 358.59

^{*} 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)]