

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>FRIENDS FOR KEYES - STEPHEN KEYES, TREASURER - 206 N. DREXEL AVE - BEXLEY, OH 43209</b>			
Full Name of Contributor <b>STEPHEN KEYES</b>	Employer, Occupation, Labor Organization* <b>NATIONWIDE MUTUAL INSUR. CO.</b>	Registration Number, if PAC	
Street Address <b>206 N. DREXEL AVE.</b>	Description of Item or Service <b>CAMPAIGN T-SHIRTS FOR ELECTION DAY</b>	M <b>1</b>	D <b>0</b>
City <b>BEXLEY</b>	State <b>OH</b>	Y <b>1</b>	Fair Market Value <b>\$292.91</b>
Zip Code <b>43209</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>STEPHEN KEYES</b>	Employer, Occupation, Labor Organization* <b>NATIONWIDE MUTUAL INSUR. CO.</b>	Registration Number, if PAC	
Street Address <b>206 N. DREXEL AVE.</b>	Description of Item or Service <b>LUNCH FOR ELECTION DAY WORKERS</b>	M <b>1</b>	D <b>0</b>
City <b>BEXLEY</b>	State <b>OH</b>	Y <b>8</b>	Fair Market Value <b>\$65.68</b>
Zip Code <b>43209</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

\* 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)]