Statement of Contributions Received

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Prescribed by Secretary of State 03/05

| Name of Committee in Full Friends of John O'Keeffe | | | | | |
|---|----------------------------|---|---------------------|----------------------------------|--|
| Full Name of Contributor John S. O'Keeffe | | | Registration Number | , if PAC | |
| Street Address 6784 Joslyn Place | | Employer/Occupation/Labor Organization* Self Employed | | Form (Cash, Check, etc.) Cash | |
| City Worthington | State OH | Zip Code 43085 | 0 9 0 9 1 | Y Amount 1 \$100.00 | |
| Full Name of Contributor Kathryn J. O'Keeffe | | | Registration Number | , if PAC | |
| Street Address 6784 Joslyn Place | Employer/Occu Insurance | Employer/Occupation/Labor Organization Insurance Agencies of Ohio | | Form (Cash, Check, etc.) Cash | |
| City Worthington | State OH | Zip Code 43085 | 0 9 0 9 1 | Amount \$100.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M D | Y Amount | |
| Full Name of Contributor | | | Registration Number | ; if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M D | Y Amount | |
| Full Name of Contributor | | | Registration Number | , if PAC | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* For | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M D | Y Amount | |
| Full Name of Contributor Registration Number, if PAC | | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization Form (Cash, | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M D | Y Amount | |
| Full Name of Contributor | | | Registration Number | ; if PAC | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization Form (Cash, Check, etc.) | | | |
| City | State OH | Zip Code | M D | Y Amount | |
| Full Name of Contributor | | | Registration Number | r, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization | • | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M D | Y Amount | |

Page Total \$200.00

^{*} 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(BX4)]