

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS FOR KEYES - STEPHEN KEYES, TREASURER - 206 N. DREYEL AVE. - BEXLEY OH 43209							
Full Name of Contributor ANDREW SMITH						Registration Number, if PAC	
Street Address 39 S. PARKVIEW		Employer/Occupation/Labor Organization EXECUTIVE / VENKIN-MAJESTIC			Form (Cash, Check, etc.) CHECK		
City BEXLEY	State OH	Zip Code 43209	M 07	D 13	Y 11	Amount \$100	
Full Name of Contributor CAROL ZELIZER STOFF						Registration Number, if PAC	
Street Address 2374 BEXLEY PARK DR.		Employer/Occupation/Labor Organization RETIRED ATTORNEY			Form (Cash, Check, etc.) CHECK		
City BEXLEY	State OH	Zip Code 43209	M 07	D 13	Y 11	Amount \$75	
Full Name of Contributor PATRICIA A. HATLER						Registration Number, if PAC	
Street Address 17 N. PARKVIEW		Employer/Occupation/Labor Organization NATIONWIDE MUT. INS. CO. / CHIEF LEGAL OFFICER			Form (Cash, Check, etc.) CHECK		
City BEXLEY	State OH	Zip Code 43209	M 07	D 17	Y 11	Amount \$350	
Full Name of Contributor SEYMAN STERN						Registration Number, if PAC	
Street Address 2728 BRENTWOOD		Employer/Occupation/Labor Organization RETIRED			Form (Cash, Check, etc.) CHECK		
City BEXLEY	State OH	Zip Code 43209	M 07	D 17	Y 11	Amount \$25	
Full Name of Contributor MARY K. LAZAUS						Registration Number, if PAC	
Street Address 2094 PARK HILL DR.		Employer/Occupation/Labor Organization RETIRED			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State OH	Zip Code 43209	M 07	D 18	Y 11	Amount \$100	
Full Name of Contributor JONATHAN DETUCHOWSKI						Registration Number, if PAC	
Street Address 160 S. LAWSON		Employer/Occupation/Labor Organization VENKIN-MAJESTIC / EXECUTIVE			Form (Cash, Check, etc.) CHECK		
City BEXLEY	State OH	Zip Code 43209	M 07	D 25	Y 11	Amount \$75	
Full Name of Contributor JULIE WEINBERG						Registration Number, if PAC	
Street Address 361 S. COLUMBIA		Employer/Occupation/Labor Organization HOUSEHOLD			Form (Cash, Check, etc.) CHECK		
City BEXLEY	State OH	Zip Code 43209	M 07	D 24	Y 11	Amount \$100	
Full Name of Contributor JES MORISON						Registration Number, if PAC	
Street Address 2572 BRENTWOOD		Employer/Occupation/Labor Organization EXEC. DIR. / FRANKL. CO. BENTL. DISTRIBUTION			Form (Cash, Check, etc.) CHECK		
City BEXLEY	State OH	Zip Code 43209	M 08	D 23	Y 11	Amount \$50	

* 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)]

Page Total \$ **875**