In-Kind Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full		
Friends of John O'Keeffe		
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
John S. O'Keeffe	Self Employed	
Street Address	Description of Item or Service	M D Y Fair Market Value
6784 Joslyn Place	Post Card Stamps	1 0 2 0 1 \$145.00
City	State Zip Code	Received at Fundraising Event?
Worthington	OH	O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
John S. O'Keeffe	Self Employed	
Street Address	Description of Item or Service	M D Y Fair Market Value 1 0 2 0 1 1 \$76.31
6784 Joslyn Place	Post Cards	
City	State Zip Code	Received at Fundraising Event?
Worthington	OH 43085	OYES ONO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
John S. O'Keeffe	Self Employed	N V Fair Market Value
Street Address 6784 Joseph Place	Description of Item or Service	M D Y Fair Market Value
6784 Joslyn Place	Worthington News Ad	1 0 2 8 1 1 \$251.00
City Worthington	State Zip Code OH 43085	
Full Name of Contributor		Registration Number, if PAC
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, II FAC
Street Address	Description of Item or Service	M D Y Fair Market Value
Steet Maless	Description of Real of Section	
City	Sta te Zip Code	Received at Fundraising Event?
	OH	O YES O NO
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	State Zip Code	Received at Fundraising Event?
City	OH Zipcode	_
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
	Employer, Occupation, East, Organization	
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta' te Zip Code	Received at Fundraising Event?
	<u> </u>	O YES O NO
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	State Zip Code	Received at Fundraising Event?
	OH	O YES O NO
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	State Zip Còde	Received at Fundraising Event?
	Un	OYES O 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)]

Page Total \$472.31