

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Keck for Council											
Full Name of Contributor Connie J. Newman						Registration Number, if PAC					
Street Address 698 Hathaway Trail			Employer/Occupation/Labor Organization* Re/Max, Dayton				Form (Cash, Check, etc.) Check				
City Tipp City			State O H		Zip Code 45371		M 0 2		D 0 7	Y 0 9	Amount 1,000.00
Full Name of Contributor Boyd Ball						Registration Number, if PAC					
Street Address 1696 19th Ave			Employer/Occupation/Labor Organization* BJB Computers				Form (Cash, Check, etc.) EFT				
City San Francisco			State C A		Zip Code 94122		M 0 3		D 0 8	Y 0 9	Amount 100.00
Full Name of Contributor Bob Armstrong						Registration Number, if PAC					
Street Address 4322 Hickory Wood Dr			Employer/Occupation/Labor Organization* Ohio State University				Form (Cash, Check, etc.) EFT				
City Columbus			State O H		Zip Code 43228		M 0 3		D 1 6	Y 0 9	Amount 25.00
Full Name of Contributor Chuck Buck						Registration Number, if PAC					
Street Address 4814 Canterwood Ct			Employer/Occupation/Labor Organization* Buck and Sons				Form (Cash, Check, etc.) Check				
City Hilliard			State O H		Zip Code 43026		M 0 3		D 1 8	Y 0 9	Amount 300.00
Full Name of Contributor Bill Newman						Registration Number, if PAC					
Street Address 624 Crumbaugh			Employer/Occupation/Labor Organization* UI Products				Form (Cash, Check, etc.) Check				
City Georgetown			State O H		Zip Code 40324		M 0 3		D 1 8	Y 0 9	Amount 1,000.00
Full Name of Contributor Ted Barrows						Registration Number, if PAC					
Street Address 4834 Sarasota Dr			Employer/Occupation/Labor Organization* Judge, Franklin County Muni Court				Form (Cash, Check, etc.) Check				
City Hilliard			State O H		Zip Code 43026		M 0 3		D 1 9	Y 0 9	Amount 100.00
Full Name of Contributor Kenneth J. Keck						Registration Number, if PAC					
Street Address 2824 Kingston Ave			Employer/Occupation/Labor Organization* University of Dayton				Form (Cash, Check, etc.) Check				
City Dayton			State O H		Zip Code 45420		M 0 3		D 2 2	Y 0 9	Amount 50.00
Full Name of Contributor Heather Keck						Registration Number, if PAC					
Street Address 3400 Heritage Oaks Dr			Employer/Occupation/Labor Organization* Owner, Super Suppers				Form (Cash, Check, etc.) EFT				
City Hilliard			State O H		Zip Code 43026		M 0 3		D 1 8	Y 0 9	Amount 450.00

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 3,025.00