

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS FOR KEYES - STEPHEN KEYES, TREASURER - 206 N. DREXEL AVE. - BEXLEY OH 43209												
Full Name of Contributor ANARAW SMITH						Registration Number, if PAC						
Street Address 39 S. PARKVIEW		Employer/Occupation/Labor Organization EXECUTIVE / YENKIN-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 B. HATLEY						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. LAZARUS						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. DAWSON		Employer/Occupation/Labor Organization YENKIN-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 BRUCE & JULIE WEINBERG						Registration Number, if PAC						
Street Address 361 S. COLUMBIA		Employer/Occupation/Labor Organization OHIO STATE / ECON. PROFESSOR				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. DEVTL DISABILITIES				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**