

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full FRIENDS FOR KEYES - STEPHEN KEYES, TREASURER - 206 N. DAEDEL AVE. - BEXLEY, OH 43209							
Full Name of Contributor STEPHEN KEYES					Registration Number, if PAC		
Street Address 206 N. DAEDEL AVE.		Employer/Occupation/Labor Organization* NATIONWIDE MUTUAL INSUR. CO. - EXECUTIVE			Form (Cash, Check, etc.) BANK TRANSFER		
City BEXLEY	State OH	Zip Code 43209	M 1	D 1	Y 6	Amount \$500.00	
Full Name of Contributor STEPHEN KEYES					Registration Number, if PAC		
Street Address 206 N. DAEDEL AVE.		Employer/Occupation/Labor Organization* NATIONWIDE MUTUAL INSUR. CO. - EXECUTIVE			Form (Cash, Check, etc.) BANK TRANSFER		
City BEXLEY	State OH	Zip Code 43209	M 1	D 2	Y 5	Amount \$61.96	
Full Name of Contributor LEE SZYKOWNY					Registration Number, if PAC		
Street Address 250 SO. PARKVIEW AVE.		Employer/Occupation/Labor Organization* SELF / PHYSICIAN			Form (Cash, Check, etc.) ONLINE CONTRIB.		
City BEXLEY	State OH	Zip Code 43209	M 1	D 0	Y 3	Amount \$250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]

(*) \$61.96 AMOUNT WAS TO COVER OVERDRAFT OF \$59.45 DUE TO HUNTINGTON BANK, PLUS PRO-RATED MONTHLY SERVICE CHARGE OF \$2.51 FOR FINAL HALF-MONTH BEFORE ACCT. WAS CLOSED 12/15/11 (\$59.45 + \$2.51 = \$61.96) - (BANK ERROR OF \$1.99 WAS REVERSED ON FINAL STATEMENT)

Page Total \$ 811.96