

BACKGROUND & SUMMARY INFORMATION

NAME Michael H. Keenan

STREET ADDRESS 7103 Coventry Woods Dr.

CITY Dublin STATE Dh ZIP CODE 43017

OFFICE SOUGHT Dublin City Council

NAME OF TREASURER Dennis B. Meadors

TYPE OF REPORT

32 DAYS PRIOR TO ELECTION

11 DAYS PRIOR TO ELECTION

38 DAYS FOLLOWING ELECTION

Cumulative total of all contributions received,
from campaign start through current report
date

(from Statement of Contributions Received
total)

\$ 5,869.12

Cumulative value of all in-kind contributions received,
from campaign start through current report
date

(from Statement of In-Kind Contributions Received
total)

\$ - 0 -

Cumulative total of all expenditures made,
from campaign start through current report
date

(from Statement of Expenditures
total)

\$ 5,869.12

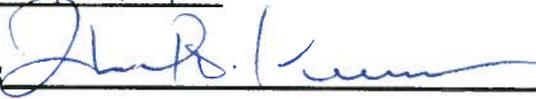


SIGNATURE

By signing below, I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful and correct disclosure of all required information.

Name: Michael H. Keenan

Date: 10-31-2015

Signature: 

Statement of Contributions Received

| | | | | | | | | | |
|---|--|--------------------|--------------------------|--|----------------|-----------------------------|--|---------------------------|--|
| Name of Candidate or Campaign Committee in Full <u>Michael H. Keenan</u> | | | | | | | | | |
| Full Name of Contributor <u>Michael H. Keenan</u> | | | | | | Registration Number, if PAC | | | |
| Street Address <u>7103 Coventry Woods Dr.</u> | | | Street Address Continued | | | | Form (Cash, Check, etc.) <u>Check/Credit Card</u> | | |
| City <u>Dublin</u> | | State <u>Oh</u> | Zip Code <u>43017</u> | | M <u>11</u> | D <u>21</u> | Y <u>15</u> | Amount <u>5,869.12</u> | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Street Address Continued | | | | Form (Cash, Check, etc.) | | |
| City | | State | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Street Address Continued | | | | Form (Cash, Check, etc.) | | |
| City | | State | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Street Address Continued | | | | Form (Cash, Check, etc.) | | |
| City | | State | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Street Address Continued | | | | Form (Cash, Check, etc.) | | |
| City | | State | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Street Address Continued | | | | Form (Cash, Check, etc.) | | |
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| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Street Address Continued | | | | Form (Cash, Check, etc.) | | |
| City | | State | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Street Address Continued | | | | Form (Cash, Check, etc.) | | |
| City | | State | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Street Address Continued | | | | Form (Cash, Check, etc.) | | |
| City | | State | Zip Code | | M | D | Y | Amount | |

Statement of Expenditures

| | | | | | | | | |
|---|--|--------------------|--|-------------------------------|-----------------------------|------------|------------|----------------------------|
| Name of Candidate or Campaign Committee in Full <u>Michael H. Keenan</u> | | | | | | | | |
| To Whom Paid <u>AFTER DARK GRAPHICS</u> | | | | | M | D | Y | Amount |
| Address <u>7373 Christie Chapel Rd.</u> | | | | | <u>019</u> | <u>215</u> | <u>015</u> | <u>1,550.⁸²</u> |
| City <u>Dublin</u> | | State <u>Oh</u> | | Zip Code <u>43017</u> | Check Number <u>3128</u> | | | |
| To Whom Paid <u>OMG National Marketing</u> | | | | | M | D | Y | Amount |
| Address <u>1801 N. Pine Island Rd. #200</u> | | | | | <u>019</u> | <u>012</u> | <u>115</u> | <u>1,668.⁹²</u> |
| City <u>Plantation</u> | | State <u>FL</u> | | Zip Code <u>33322</u> | Check Number <u>3122</u> | | | |
| To Whom Paid <u>Columbus Dispatch</u> | | | | | M | D | Y | Amount |
| Address <u>P.O. Box 182537</u> | | | | | <u>019</u> | <u>215</u> | <u>115</u> | <u>2,257.⁰⁰</u> |
| City <u>Columbus</u> | | State <u>Oh</u> | | Zip Code <u>43218-2537</u> | Check Number <u>VISA</u> | | | |
| To Whom Paid <u>AFTER DARK GRAPHICS</u> | | | | | M | D | Y | Amount |
| Address <u>7373 Christie Chapel Rd.</u> | | | | | <u>110</u> | <u>112</u> | <u>115</u> | <u>392.³⁸</u> |
| City <u>Dublin</u> | | State <u>Oh</u> | | Zip Code <u>43017</u> | Check Number <u>3139</u> | | | |
| To Whom Paid | | | | | M | D | Y | Amount |
| Address | | | | | | | | |
| City | | State | | Zip Code | Check Number | | | |
| To Whom Paid | | | | | M | D | Y | Amount |
| Address | | | | | | | | |
| City | | State | | Zip Code | Check Number | | | |
| To Whom Paid | | | | | M | D | Y | Amount |
| Address | | | | | | | | |
| City | | State | | Zip Code | Check Number | | | |
| To Whom Paid | | | | | M | D | Y | Amount |
| Address | | | | | | | | |
| City | | State | | Zip Code | Check Number | | | |