

### BACKGROUND & SUMMARY INFORMATION

CANDIDATE NAME Andrew P. Keeler

STREET ADDRESS 5281 Brand Rd.

CITY Dublin STATE OH ZIP CODE 43017

OFFICE SOUGHT City Council Member

NAME OF TREASURER Teresa Hakes

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)

\$ 0

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)

\$ 0

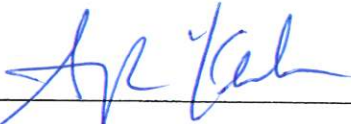
**SIGNATURE**

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.

Andrew P. Keder

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**Print name of candidate**



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**Candidate Signature**

# Statement of Expenditures

Name of Committee in Full <b>Campaign for Election of Andrew Keddy</b>										
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					

# Statement of Contributions Received

Name of Committee in Full <b>Campaign for Election of Andrew Kecker</b>			
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	State	Zip Code	M   D   Y   Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	State	Zip Code	M   D   Y   Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	State	Zip Code	M   D   Y   Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	State	Zip Code	M   D   Y   Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	State	Zip Code	M   D   Y   Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	State	Zip Code	M   D   Y   Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	State	Zip Code	M   D   Y   Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address		Form (Cash, Check, etc.)	
City	State	Zip Code	M   D   Y   Amount

### In-Kind Contributions Received

Full Name of Committee <i>Campaign for Election of Andrew Keeler</i>			
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY) Fair Market Value
City	State ▼	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY) Fair Market Value
City	State ▼	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY) Fair Market Value
City	State ▼	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY) Fair Market Value
City	State ▼	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service		Date (MM/DD/YYYY) Fair Market Value
City	State ▼	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No