

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Boyd				
Full Name of Contributor Larry Wilson			Registration Number, if PAC	
Street Address 1012 McNaughten Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Ruth McNeil			Registration Number, if PAC	
Street Address 1494 Lafayette Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$150.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Thomas Hill			Registration Number, if PAC	
Street Address 7 Wiveliscombe	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$250.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Andy Igonor			Registration Number, if PAC	
Street Address 363 Tipperary Loop	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$250.00
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Alden			Registration Number, if PAC	
Street Address 1865 Upper Chesea Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Deborah Johnson			Registration Number, if PAC	
Street Address 1903 Brandywine Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Karen Pettiford			Registration Number, if PAC	
Street Address 7858 Burnwood St	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$50.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 1,300.00