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Page Total \$

525.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full						-				
Terry Boyd for School Board Committee	tee									
all Name of Contributor					Registration Number, if PAC					
Rich, Crites & Dittmer by Jeffrey Rich										
Street Address	Employe	r/Occupa	ation/Labor Organization					Form (Cash, Che	eck, etc.)	
300 East Broad Street, Ste. 300								Check		
City	St	ate	Zip Code	M		D	Y	Amount		
Columbus	0	H	43215		_	2 2	0 7		100.00	
Full Name of Contributor				Regis	trati	on Nun	ber, if P	AC		
Lucille Tillery							_			
Street Address	Employe					Form (Cash, Che	eck, etc.)			
634 Harrow Court								Check		
City	١ ـ	tate	Zip Code	M		D	Y	Amount	5 0.00	
Gahanna	0	H	43230			2 2	0 7		50.00	
Full Name of Contributor				Regis	trati	on Nurr	ber, if PA	AC		
Charles Gehring		- 10						r (O. 1. Ol.	-14- \	
Street Address	Employe	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
706 Greenwich Street			In: 0.1	1 17	_	Ъ	T 37	Check		
City		tate H	Zip Code	M	۱	D	Y	1	100.00	
Worthington	0	ΥI	43085	0		2 2	0 7		100.00	
Full Name of Contributor				Regis	шан	ion inum	iber, ii F	AC .		
Mark Londeree	Emmlou	/Oaaum	ation/Labor Organization				-	Form (Cash, Che	eck etc.)	
Street Address	Епрюу	Employer/Occupation/Labor Organization						Check		
1083 Fifth Avenue		tate	Zip Code	М	Т	D	Y	Amount		
City IA/ autiliar at an	آ م ا	H	43085		2	2 2	i .		25.00	
Worthington Full Name of Contributor			<u> </u>		_	_	ber, if P		20.00	
				1.05			,			
Donald B. Leach, Jr. Street Address	Employe	er/Occum	ation/Labor Organization					Form (Cash, Ch	eck, etc.)	
191 W. Nationwide Blvd., Ste. 300		on occup						Check	,	
City	S	tate	Zip Code	М	П	D	Y	Amount		
Columbus		H	43215	0	2	2 2	017	·	250.00	
Full Name of Contributor			10210				iber, if P			
Street Address	Employ	er/Occup	ation/Labor Organization		_			Form (Cash, Che	eck, etc.)	
		•								
City	S	tate	Zip Code	М	П	D	Y	Amount		
•						1		1		
Full Name of Contributor				Regis	trati	ion Nun	ber, if P	AC		
Street Address	Employ	er/Occup	ation/Labor Organization					Form (Cash, Ch	eck, etc.)	
City	s	tate	Zip Code	М		D	Y	Amount		
			<u> </u>							
Full Name of Contributor	•			Regis	trat	ion Nun	ber, if P	AC		
Street Address	Employ	Employer/Occupation/Labor Organization						Form (Cash, Ch	Form (Cash, Check, etc.)	
City	S	tate	Zip Code	М	T	D	Y	Amount		
			<u> </u>							
* Required for contributions over \$100 to statewide and general assemb	bly candidat	es. If con	tributor is self-employed, occu	upation ra	ther	than en	ıployer sl	hould be listed.		
If two or more employees contribute via payroll deduction and exceed	the aggrega	te of \$10	0, the labor organization of wl	hich the er	mplo	yees ar	e membe	rs, if any, must		

appear. R.C. 3517.10(B)(4)