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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Towns Pored for School Board Co	ammittee							
Terry Boyd for School Board Co	Employer, Occupation, Labor	· Organization *	Registrat	ion Num	ber if P	AC		
Full Name of Contributor	Employer, Occupation, Labor	Employer, Occupation, Labor Organization		17WII	, 11 F			
Terry Boyd	Description of Item or Service	Description of Item or Carries		D	ΙΥ	Fair Market Value	;	
Street Address 5646 Concord Hill Drive	• • • • • • • • • • • • • • • • • • •	Postage			1 1	The state of the s	80.00	
5646 Concord Hill Drive	State Zip Code	50	Received	at Fund	raising F	ivent?	55.00	
^{City} Columbus		43213		YES		NO		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registrat	Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
City	State Zip Code		Received	l at Fund	raising E	Event?		
				YES		NO		
Full Name of Contributor	Employer, Occupation, Labor	Employer, Occupation, Labor Organization *		tion Num	ber, if P	PAC		
Street Address	Description of Item or Service	e	M	D 	Y	Fair Market Value		
City	State Zip Code	-	Received	d at Fund	lraising I	Event?		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Item or Service	e	M	D	Y	Fair Market Value	2	
City	State Zip Code		Received	d at Fund YES	lraising I	Event?		
Full Name of Contributor	Employer, Occupation, Labor	r Organization *	Registra	tion Nun	nber, if P	PAC		
Street Address	Description of Item or Service	e	M	D	Y	Fair Market Value	e	
City	State Zip Code		Received	d at Fund YES	lraising l	Event?		
Full Name of Contributor	Employer, Occupation, Labor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service	e	M	D	Y	Fair Market Value	e	
City	State Zip Code		Receive	d at Fund YES	lraising l	Event?		
Full Name of Contributor	Employer, Occupation, Labor	Employer, Occupation, Labor Organization *		tion Nun	nber, if F	PAC		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	e	
City	State Zip Code	State Zip Code Received at Fundraising Event? YES NO						
Full Name of Contributor	Employer, Occupation, Labor	Employer, Occupation, Labor Organization *		tion Nun	nber, if F	PAC		
Street Address	Description of Item or Servic	xe	M	D	Y	Fair Market Valu	е	
City	State Zip Code		Receive	d at Fund	draising 1	Event?		

Page Total \$	80.00
-	

^{*} 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 appear. [R.C. 3517.10(B)(4)]