

31-J-1 R.C. 3517.10

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | - | | | | | _ | | |
|---------------------------------------|--------------------------------|--------------------------------|--|-----------|-------------------|-------------------|-------|--|
| Terry Boyd for School Board Committee | ee | | | | | | | |
| Full Name of Contributor | Employer, Occ | Registration Number, if PAC | | | | | | |
| Terry Boyd | | | | | | | | |
| Street Address | Description of Item or Service | | | D | Y | Fair Market Value | | |
| 5646 Concord Hill Drive | Postage | | | 1 | 1 | | 80.00 | |
| City | State | Received at Fundraising Event? | | | | | | |
| Columbus | \cap \square H | Zip Code 43213 | | YES | | No | | |
| Full Name of Contributor | Employer, Occ | Registration Number, if PAC | | | | | | |
| | 1 | | | | | | | |
| Street Address | Description of | М | D | Y | Fair Market Value | | | |
| | 1 . | | 1 | l | | | | |
| City | State Zip Code | | Received at Fundraising Event? | | | | | |
| | 1 1 |] ' | | YES | - | □NO | | |
| Full Name of Contributor | Employer, Occ | Registration Number, if PAC | | | | | | |
| | | ⁻ | | | | | | |
| Street Address | Description of | Item or Service | М | D | Y | Fair Market Value | | |
| | | | | | 1 | | | |
| City | State Zip Code | | | d at Fund | raising E | vent? | | |
| • | | | | YES | | □no | | |
| Full Name of Contributor | Employer, Occ | upation, Labor Organization * | Registra | tion Num | ber, if P | AC . | | |
| | | | | | | | | |
| Street Address | Description of | Item or Service | М | D | Y | Fair Market Value | | |
| | , - | | | 1 1 | 1 | | | |
| City | State | Zip Code | Receive | d at Fund | raising E | vent? | | |
| · | 1 | | | YES | | □NO | | |
| Full Name of Contributor | Employer, Occ | Registration Number, if PAC | | | | | | |
| | | l | | | | | | |
| Street Address | Description of | M | D | Y | Fair Market Value | | | |
| | | | | <u> </u> | 1 | | | |
| City | State | Zip Code | Receive | d at Fund | raising E | vent? | | |
| | | | <u> </u> | YES | | NO | | |
| Full Name of Contributor | Employer, Occ | Registration Number, if PAC | | | | | | |
| | | | | | | | | |
| Street Address | Description of | M | D | Y | Fair Market Value | | | |
| | ļ <u></u> | | <u> </u> | <u> </u> | <u> </u> | | | |
| City | State | Zip Code | Receive | d at Fund | raising E | | | |
| | | | | YES | | ои | | |
| Full Name of Contributor | Employer, Occ | Registration Number, if PAC | | | | | | |
| | | | | | | | | |
| Street Address | Description of | M. | Į P | Y. | Fair Market Value | | | |
| | | | Received at Fundraising Event? | | | | | |
| City | State | Zip Code | Receive | ٦ | traising E | | | |
| | <u> </u> | | | YES | | ∐N0 | | |
| Full Name of Contributor | Employer, Occ | Registration Number, if PAC | | | | | | |
| | | | | | | | | |
| Street Address | Description of Item or Service | | M | Ð | Y. | Fair Market Value | | |
| | | | <u> </u> | | 1 | | | |
| City | State | Zíp Code | | d at Fund | traising E | | | |
| | | | | YES | | NO | | |

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)]