

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 Terry Boyd			Registration Number, if PAC	
Street Address 5646 Concord Hill Dr	Employer/Occupation/Labor Organization*		M D Y 1 2 2 1 1 5	Amount \$25.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary Frea			Registration Number, if PAC	
Street Address 6095 Iroquois Ct	Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 6	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles Gehring			Registration Number, if PAC	
Street Address 706 Greenwich St	Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 6	Amount \$250.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Larry Wilson			Registration Number, if PAC	
Street Address P O Box 163342	Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43216	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Steele			Registration Number, if PAC	
Street Address 5293 Wolf Run Dr	Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Childs			Registration Number, if PAC	
Street Address 1398 Haybrook Dr	Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 6	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Skestos			Registration Number, if PAC	
Street Address 31 S Columbia Ave	Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 6	Amount \$2,000.00
City Bexley	State OH	Zip Code 43209	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 \$ **\$2,775.00**