

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 Christopher Washington			Registration Number, if PAC	
Street Address 7975 Windrift Pl	Employer/Occupation/Labor Organization*		M D Y 0 9 0 7 1 6	Amount \$150.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Wendy Wilson			Registration Number, if PAC	
Street Address 4507 Blue Largo Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 0 7 1 6	Amount \$50.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Eric Warren			Registration Number, if PAC	
Street Address 6954 Americana Pkwy	Employer/Occupation/Labor Organization*		M D Y 0 9 0 7 1 6	Amount \$250.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) EFT	
Full Name of Contributor John Parmis			Registration Number, if PAC	
Street Address 6186 Kinver Edge Way	Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tara Harkness			Registration Number, if PAC	
Street Address 52 Summit St	Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 1 6	Amount \$100.00
City Norwalk	State OH	Zip Code 44857	Form (Cash, Check, etc.) Check	
Full Name of Contributor JoAnn Davidson			Registration Number, if PAC	
Street Address 6639 Forrester Way	Employer/Occupation/Labor Organization*		M D Y 0 9 1 5 1 6	Amount \$250.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Coats II			Registration Number, if PAC	
Street Address 6040 Whitman Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Cash	

* 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 \$ 1,150.00