

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Terry Boyd for School Board Committee</b>							
Full Name of Contributor <b>Rich, Crites &amp; Dittmer by Jeffrey Rich</b>						Registration Number, if PAC	
Street Address <b>300 East Broad Street, Ste. 300</b>		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   2</b>	D <b>2   2</b>	Y <b>0   7</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Lucille Tillery</b>						Registration Number, if PAC	
Street Address <b>634 Harrow Court</b>		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>0   2</b>	D <b>2   2</b>	Y <b>0   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Charles Gehring</b>						Registration Number, if PAC	
Street Address <b>706 Greenwich Street</b>		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Worthington</b>	State <b>O   H</b>	Zip Code <b>43085</b>	M <b>0   2</b>	D <b>2   2</b>	Y <b>0   7</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Mark Londeree</b>						Registration Number, if PAC	
Street Address <b>1083 Fifth Avenue</b>		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Worthington</b>	State <b>O   H</b>	Zip Code <b>43085</b>	M <b>0   2</b>	D <b>2   2</b>	Y <b>0   7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Donald B. Leach, Jr.</b>						Registration Number, if PAC	
Street Address <b>191 W. Nationwide Blvd., Ste. 300</b>		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   2</b>	D <b>2   2</b>	Y <b>0   7</b>	Amount <b>250.00</b>	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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)

Page Total \$ 525.00