Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Terry Boyd for School Board Committee	ee								
Full Name of Contributor					Registration Number, if PAC				
Rich, Crites & Dittmer by Jeffrey Rich				L	_				
Street Address	Employe	r/Occupa	ition/Labor Organization				Form (Cash, Che	ck, etc.)	
300 East Broad Street, Ste. 300							Check		
City	St	ite	Zip Code	М	D	Y	Amount		
Columbus	Ιοι	Н	43215	012	212	017		100.00	
Full Name of Contributor						ber, if PA	С		
Lucille Tillery				`					
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Che	ck, etc.)	
634 Harrow Court							Check		
City	Sta	ale .	Zip Code	М	Q	Y	Amount		
Gahanna	101	Н	43230	012	212	017		50.00	
Full Name of Contributor	10	•	10200				 С	50.00	
Full Name of Contributor Registration Number, if PAC Charles Gehring									
Street Address	Employe	r/Occupa	tion/Labor Organization				Form (Cash, Che	ck etc.)	
706 Greenwich Street							Check		
City	Sta	ı te	Zip Code	M	D	ΙΥ	Amount		
	Oi	H	43085	012		017		100.00	
Worthington Full Name of Contributor	10		43003				<u> </u>	100.00	
Mark Londeree Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)								ok eta)	
Street Address	Employer/Occupation/Labor Organization						.c., e.c.)		
1083 Fifth Avenue	State Zip Code			1 1/	l n	l v	Check		
City	1		Zip Code	M	D	Y	Amount	2= 00	
Worthington	0	H	43085	012	212	017	<u> </u>	25.00	
Full Name of Contributor Registration Number, if PAC									
Donald B. Leach, Jr.	1		 						
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
191 W. Nationwide Blvd., Ste. 300	<u> </u>			_,			Check		
City	Su		Zip Code	M	D	Y	Amount	250.00	
Columbus	0	Н	43215	0 2	2 2	0 7		250.00	
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Che	ck, etc.)	
City	St	ate	Zip Code	M	D	Y	Amount		
<u></u>					<u> </u>				
Full Name of Contributor	-			Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)				
City	St	ate	Zip Code	М	D	Y	Amount		
					1				
Full Name of Contributor Registration Number, if PAC									
Street Address	Employe	г/Оссира	ation/Labor Organization				Form (Cash, Ch	ck, etc.)	
City	St	ate	Zip Code	М	D	Y	Amount		
	. [}						
* Required for contributions over \$100 to statewide and general assemble	v candidate	e If con	tributor is self-employed, occur	nation rathe	r than em	nlover she	ould be listed.		

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