

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Terry Boyd for School Board Committee							
Full Name of Contributor Nationwide Insurance Better Citizenship Fund					Registration Number, if PAC OH259		
Street Address One Nationwide Plaza 1-32-06		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 8	Y 0 7	Amount 2,500.00	
Full Name of Contributor I.B.E.W. - C.O.P.E.					Registration Number, if PAC		
Street Address 23 West Second Avenue		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43201	M 1 0	D 2 6	Y 0 7	Amount 600.00	
Full Name of Contributor Partnering A Lifestyle, Inc.					Registration Number, if PAC		
Street Address P.O. Box 71		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43215	M 1 1	D 0 2	Y 0 7	Amount 100.00	
Full Name of Contributor Josephine Hamilton					Registration Number, if PAC		
Street Address 454 Springwood Lake Drive		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 1 1	D 0 9	Y 0 7	Amount 75.00	
Full Name of Contributor Stephen L. McIntosh and Sara A. McIntosh					Registration Number, if PAC		
Street Address 799 Nob Hill Drive, W		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 1 1	D 0 9	Y 0 7	Amount 100.00	
Full Name of Contributor Debora R. Myles					Registration Number, if PAC		
Street Address 3053 Dunlavin Way		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 1 0	D 2 2	Y 0 7	Amount 100.00	
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 \$ 3,475.00