

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Boyd</b>						
Full Name of Contributor <b>Kevin Harmon</b>				Registration Number, if PAC		
Street Address <b>1616 Tendril Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43229</b>	M <b>0</b>	D <b>3</b>	Y <b>2</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>Justine Skestos</b>				Registration Number, if PAC		
Street Address <b>2700 E Dublin Granville Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43231</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>\$2,700.00</b>
Full Name of Contributor <b>VSSP Advocates for Effective Government</b>				Registration Number, if PAC <b>OH108</b>		
Street Address <b>52 E Gay St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>\$500.00</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	Zip Code	M	D	Y	Amount

\* 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)]

Page Total **\$3,700.00**