Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Boyd				
Full Name of Contributor			Registration Number, if PAC	
Ron Sams			regisación remoci, a r	
Street Address	Employer/Occu	pation/Labor Organization	<u>L</u>	Form (Cash, Check, etc.)
138 Jana K Ct	,,	y		Check
City	State	Zip Code	M D Y	Amount
Columbuş	OH	43207	м D Y _j 0 9 3 0 1 6	\$500.00
Full Name of Contributor			Registration Number, if	PAC
Robert Roach			<u> </u>	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
2390 Kensington Dr				Check
City	State	Zip Code	0 9 3 0 1 6	Amount
Columbus	ОН	43221	p 9 β 0 1 6	\$250.00
Full Name of Contributor Worthington Republican Women			Registration Number, if PAC	
Street Address	Employer/Occu	pation/Labor Organization	•	Form (Cash, Check, etc.)
14 E Gay St				Check
City	State	Zip Code 43215	M D Y 6	Amount \$50.00
Columbus	ОН	43215	<u></u>	i i
Full Name of Contributor			Registration Number, if	PAC
Doug Preisse	· , · · ·			·•
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
41 S High St		12: 0.1		Check
City Columbus	OH State	Zip Code 43215	M D Y	Ашоши \$500.00
Full Name of Contributor	Гоц	40210	Registration Number, if	1
Rodney Kent			registration rumber, is	rac
Street Address	[F1(O	notice (I show Oncoing time*		Form (Cash, Check, etc.)
1500 Selkirk Rd	Employer/Occu	pation/Labor Organization		Check
City	State	Zip Code	M D Y	Amount
Columbus	ОН	43227	1 0 0 7 1 6	\$200.00
Full Name of Contributor		<u> </u>	Registration Number, if	PAC
James Leeseberg				
Street Address	Employer/Occu	pation/Labor Organization*	!	Form (Cash, Check, etc.)
651 Rose Way				Check
City	State	Zip Code	M D Y	Amount
Gahanna	OH	43230	100716	\$50.00
Full Name of Contributor			Registration Number, if	PAC
Brian Larick				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
774 Hunters Glen Dr		T=. 2		Check
City Gahanna	OH State	Zip Code 43230	M D Y 1 6	Amount \$50.00
Full Name of Committed or Timothy Pack			Registration Number, if	PAC
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
1019 Ridge Crest Dr				Check
City	State	Zip Code	1 0 0 7 1 6	Amount
Gahanna	OH	43230	1 0 0 7 1 6	\$50.00

Page Total \$1,650.00

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)]