3	1-	E			
R.	C.	35	17.	10(	(B)

Event Date	10/10/07
Page	. 5

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05			
Name of Committee in Full					
Terry Boyd for School Board Commi	ttee				
Full Name of Contributor			Registration Number, if PAC		
Pamela K. Shay					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
1565 Cumberland Street			110 110 017	150.00	
City	State	Zip Code	Form(Cash,Check,etc)		
London	<u> </u>	43140	Check		
Full Name of Contributor			Registration Number, if PAC		
Charles F. Booher					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	450.00	
3555 Beech Road		T .	1 0 1 0 0 7	150.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Johnstown	$O \mid H$	43031	Check		
Full Name of Contributor			Registration Number, if PAC		
Gregory S. Lashutka					
Street Address	Erriployer/Occup	ation/Labor Organization*	M D Y Amount	450.00	
729 Mohawk Street		T	1 0 1 0 0 7	150.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43206	Check		
Full Name of Contributor			Registration Number, if PAC		
Dana G. Rinehart	T				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	750.00	
300 E. Broad Street, Suite 190		la: a :	1 0 1 0 0 7	150.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
Keith A. Groff	- In 1 10				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	100.00	
42 E. Jeffrey Place		la: o :	1 0 1 0 0 7 Form(Cash, Check, etc)	100.00	
City	State	Zip Code			
Columbus	OH	43214	Check		
Full Name of Contributor  Registration Number, if PAC					
Ohio & Vicinity Regional Council-Sc	outh Central (	Office PCE	M D Y Armount	•	
Street Address	Employer/Occup	ation/Labor Organization*		150.00	
1394 Courtright Road		Tar. O. I	1   0   1   0   0   7   Form(Cash, Check, etc)	150.00	
City	State	Zip Code 43227			
Columbus	$O \mid H$	43227	Check Registration Number, if PAC		
Full Name of Contributor	Registration Number, it PAC				
Citizens for Cain	M D Y Amount				
Street Address	Employer/Occup	ation/Labor Organization*	1 0 1 0 0 7	150.00	
5525 Sandy Drive	State	Zip Code	Form(Cash,Check,etc)	130.00	
City Lawis Contan	State H	43035	Check		
Lewis Center	()   N	45055	CHECK		

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$ 1.000.00
<co2:394294 v1=""></co2:394294>		

<sup>\*</sup> 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 appear. [R.C. 3517.10(B)(4)]