

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Terry Boyd for School Board Committee</b>							
Full Name of Contributor <b>Rich, Crites &amp; Dittmer</b>					Registration Number, if PAC		
Street Address <b>300 E. Broad Street, Suite 300</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	150.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Michael P. Keegan</b>					Registration Number, if PAC		
Street Address <b>6675 Lakeside Circle</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	250.00
City <b>Worthington</b>	State <b>O</b>	H	Zip Code <b>43085</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>James S. Russell</b>					Registration Number, if PAC		
Street Address <b>5916 Treven Way</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	250.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43206</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Roger A. Holstein</b>					Registration Number, if PAC		
Street Address <b>573 Olentangy Woods Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	300.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43235</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Crabbe, Brown &amp; James</b>					Registration Number, if PAC		
Street Address <b>500 South Front Street, Ste. 1200</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	300.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43214</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Plumbers &amp; Pipefitters L.U. 189 PCE</b>					Registration Number, if PAC <b>6220</b>		
Street Address <b>1250 Kinnear Road</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	600.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43212</b>	Form(Cash, Check, etc) <b>Check</b>			
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	H	Zip Code	Form(Cash, Check, etc)			

\* 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)]

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

3,800.00

&lt;CO2:394294\_v3&gt;

Total expenditures this event

Page Total \$ 1,850.00