3	1-	E
R	C.	3517.10(B)

Event Date	10/10/07
Page	6

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

Prescribed by Secretary of State 3/05										
Name of Committee in Full										
Terry Boyd for School Board Committ	ee									
Full Name of Contributor						Registration Number, if PAC				
Rich, Crites & Dittmer				<del>                                      </del>		· ·	A			
Street Address Employer/Occupation/Labor Organization*			tion/Labor Organization*	M	D		Amount	150.00		
300 E. Broad Street, Suite 300			le: 6 1	1 0	1 0	0 7		100.00		
City	l s	tate	Zip Code	,	sn, Cneck, Check					
Columbus		H	43215				<u> </u>			
Full Name of Contributor				Registrat	ion inumi	er, if PA	C			
Michael P. Keegan	- In 1	(0)	ation/Labor Organization*	М	D	Y	Amount	-		
Street Address	Employ	er/Occupa		1 0		Ailouit	250.00			
6675 Lakeside Circle		4-4-	Zin Codo		sh,Check			250.00		
City	8	tate	Zip Code 43085		Sheck Check					
Worthington	10	H	43000			per, if PA	C.			
Full Name of Contributor				Registrat	IOU IAMIN	ou, ii i'A'				
James S. Russell	I= 1	-10	d' of the Opposite time.	М	D	Y	Amount			
Street Address	Employ	er/Occupa	ation/Labor Organization*	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$		0 7	Allouit	250.00		
5916 Treven Way			la: o i		sh,Check			250.00		
City		tate	Zip Code	,	sn,cneck Checl					
Columbus		H	43206							
Full Name of Contributor				Registrat	ion Num	ber, if PA	C			
Roger A. Holstein				1,7	Б	Υ	Amount			
Street Address	Employ	er/Occupa	ation/Labor Organization*	M	D		Alikulit	300.00		
573 Olentangy Woods Drive					1 0			300.00		
City	S	State	Zip Code		sh,Check					
Columbus	O H 43235			Check Registration Number, if PAC						
Full Name of Contributor				Registra	HOII INUITE	bei, ii FA	C			
Crabbe, Brown & James				<del>    , -</del>	-	Y	Amount	<del>-</del>		
Street Address	Employer/Occupation/Labor Organization*			M	D		Allouit	300.00		
500 South Front Street, Ste. 1200			T=- 2 .		1 0			300.00		
City	8	State	Zip Code		sh,Check					
Columbus		O H 43214		Check						
Full Name of Contributor						Registration Number, if PAC 6220				
Plumbers & Pipefitters L.U. 189 PCE						I 1/	I 4			
Street Address	Employ	er/Occup	ation/Labor Organization*	M	D	Y	Amount	600.00		
1250 Kinnear Road			<u> </u>	1 0	10	0 7		600.00		
City	State Zip Code			Form(Cash, Check, etc)						
Columbus		O   H   43212			Check Registration Number, if PAC					
Full Name of Contributor				Registra	tion Num	iber, if PA	iC .			
					T 5	TV	Amount			
Street Address		yer/Occup	ation/Labor Organization*	M	D	Y	Micun			
			In: O 1	F(C	nah Cha-1	le ato)	<u></u>			
City	-   - :	State	Zip Code	Form(C	ash,Checl	k,ew)				
					_					

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 ev
in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$1.850.00_
3.800.00 <co2:394294_v3></co2:394294_v3>		

<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)]