

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Boyd				
Full Name of Contributor Andrea Helfrich			Registration Number, if PAC	
Street Address 1841 Roxbury Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 6	Amount \$200.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Barcy McNeal			Registration Number, if PAC	
Street Address 5169 Springfield Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 1 6	Amount \$50.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Matt Danschroder			Registration Number, if PAC	
Street Address 1125 Cooke Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dana Chatman			Registration Number, if PAC	
Street Address 2282 Pontiac St	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 6	Amount \$50.00
City Columbus	State OH	Zip Code 43211	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Mark Evans			Registration Number, if PAC	
Street Address 971 Landings Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 6	Amount \$100.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Lisa Benton			Registration Number, if PAC	
Street Address 5051 Sunbury Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 6	Amount \$50.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Shemeka Gibson			Registration Number, if PAC	
Street Address 3761 Ellerdale Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 6	Amount \$25.00
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) EFT	

* 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)]

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

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Total expenditures this event.

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Page Total \$ **\$725.00**