

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 Committee					
Full Name of Contributor Pamela K. Shay				Registration Number, if PAC	
Street Address 1565 Cumberland Street		Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 0 7	Amount 150.00
City London	State O H	Zip Code 43140		Form (Cash, Check, etc) Check	
Full Name of Contributor Charles F. Booher				Registration Number, if PAC	
Street Address 3555 Beech Road		Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 0 7	Amount 150.00
City Johnstown	State O H	Zip Code 43031		Form (Cash, Check, etc) Check	
Full Name of Contributor Gregory S. Lashutka				Registration Number, if PAC	
Street Address 729 Mohawk Street		Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 0 7	Amount 150.00
City Columbus	State O H	Zip Code 43206		Form (Cash, Check, etc) Check	
Full Name of Contributor Dana G. Rinehart				Registration Number, if PAC	
Street Address 300 E. Broad Street, Suite 190		Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 0 7	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form (Cash, Check, etc) Check	
Full Name of Contributor Keith A. Groff				Registration Number, if PAC	
Street Address 42 E. Jeffrey Place		Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 0 7	Amount 100.00
City Columbus	State O H	Zip Code 43214		Form (Cash, Check, etc) Check	
Full Name of Contributor Ohio & Vicinity Regional Council-South Central Office PCE				Registration Number, if PAC	
Street Address 1394 Courtright Road		Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 0 7	Amount 150.00
City Columbus	State O H	Zip Code 43227		Form (Cash, Check, etc) Check	
Full Name of Contributor Citizens for Cain				Registration Number, if PAC	
Street Address 5525 Sandy Drive		Employer/Occupation/Labor Organization*		M D Y 1 0 1 0 0 7	Amount 150.00
City Lewis Center	State O H	Zip Code 43035		Form (Cash, Check, etc) Check	

* 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

Total expenditures this event

Page Total \$ 1,000.00