31-A R.C. 3517.10

Page Total \$ 25.795.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Terry Boyd For School Board Committee			In .	Registration Number, if PAC			
Full Name of Contributor			Registra	tion Nun	nber, if Pa	AC	
Mary Seidle Street Address	Ir i o					Fr. (0.1.05.)	
	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)	
6556 Colonial Place		Ter esti	1 32	I 5	1	check	
City Westerville	State O H	Zip Code 43082	M 1 2	D 1 1	Y 0 3	Amount 25.00	
Full Name of Contributor	[0	40002			nber, if Pa		
Maher Girgis			regista.	idou ivan			
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
230 Bryant Avenue	Language Cocupation Leave Organization					check	
City	State	Zîp Code	I M	D	Ιv	Amount	
Worthington	OIH	43085	112	111	013	20.00	
Full Name of Contributor	101	1 45005			nber, if Pa		
Alexandr Tandetnitkaya							
Street Address	Employer/Occur	pation/Labor Organization				Form (Cash, Check, etc.)	
465 Burns Drive	Employer/Occupations/Eason Organization					check	
City	State	Zip Code	M	Ð	l y	Amount	
Westerville	OH	43082	112	Ι.		15.00	
Full Name of Contributor	0 1 11	45002			ber, if Pa		
Rick Murray							
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
955 Wake Drive	Employer occupation Labor Organization					check	
City	State	Zip Code	М	D	Y	Amount	
Westerville	ОІН	43082	112	1111	013	15.00	
Full Name of Contributor	,	15-002			iber, if Pa		
Ottis Compton, Jr.							
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
6309 Feder Road				check			
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОІН	43228	112	111	013	100.00	
Full Name of Contributor	1 - ,				iber, if Pa		
Hightower for School Board, Donald McTigue, Treasurer							
Street Address		pation/Labor Organization	_			Form (Cash, Check, etc.)	
3886 N. High Street			check				
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	43214	110	218	013	25,500.00	
Full Name of Contributor	<u> </u>				ber, if P		
Herschel Davis							
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
P.O. Box 163362						check	
City	State	Zip Code	M	Ð	Y	Amount	
Columbus	OIH	43216-3362	112	218	013	20.00	
Full Name of Contributor	***	•	Registra	tion Nun	iber, if P	AC	
Thomas Kruse							
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
4735 Vista Ridge					check		
	State	Zip Code	М	D	Y	Amount	
Dublin	OIH	43017	112	218	0 3	100.00	
A.D				ab ab aa		s 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)