Event Date	10/10/07
Page	4

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secreta	ry of State 3/05		
Name of Committee in Full	riescilled by Beeleta	. j 01 0 a a a a a a a a a a a a a a a a a		
Terry Boyd for School Board Comr	nittee			
Full Name of Contributor			Registration Number, if PAC	
James R. Hess				
Street Address	Employer/Occupation	n/Labor Organization*	M D Y Amount	4 70 00
6201 Heritage Lakes Drive			1 0 1 0 0 7	1 <u>50.00</u>
City	1 1	p Code	Form(Cash,Check,etc)	
Hilliard	O H	43206	Check	
Full Name of Contributor			Registration Number, if PAC	
Garry McDaniel and Lauren B. Mc	Daniel	n/Labor Organization*	M D Y Amount	
Street Address	Employer/Occupation	n/Labor Organization"	1 0 1 0 0 7	150.00
6234 Tetlin Field Drive	State Zi	p Code	Form(Cash, Check, etc)	150.00
NI A 11		43054	Check	
New Albany	() 11	40004	Registration Number, if PAC	
Full Name of Contributor Christophor Washington				
Christopher Washington Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
7975 Windrift Place	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	1 0 1 0 0 7	150.00
City	State Zi	p Code	Form(Cash,Check,etc)	
Reynoldsburg	$O \mid H \mid$	43068	Check	
Full Name of Contributor			Registration Number, if PAC	
Melvin E. Walden				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	150.00
50 Forest Ridge Court			1 0 1 0 0 7	150.00
City		ip Code	Form(Cash, Check, etc)	
Powell	O H	43065	Check	
Full Name of Contributor			Registration Number, if PAC	
Ronald J. Rotaru	E1/Otio	-/I shor Organization*	M D Y Amount	
Street Address	Employer/Occupatio	n/Labor Organization*	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	150.00
4086 Hanover Square Drive	State Z	ip Code	Form(Cash,Check,etc)	100.00
City Dublin	I O H	43016	Check	
Full Name of Contributor		10010	Registration Number, if PAC	
Ronald L. Hartung				
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount	
1129 Fordham Road			1 0 1 0 0 7	50.00
City	State Z	ip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H \mid$	43224	Check	
Full Name of Contributor			Registration Number, if PAC	
Cinnamon Pelly				
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount	
5140 N. High Street, #111			1 0 1 0 0 7	150.00
City	l i	ip Code	Form(Cash,Check,etc)	
Columbus	OH	43214	150.00	
Required for contributions from individuals over \$100 to statewide a dividual's business, if any, rather than employer should be listed. If the ganization of which the employees are members, if any, must appear	two or more employees contrib	es. If contributor is self-enoute via payroll deduction	mployed, the occupation and the name of and exceed the aggregate of \$100, the lab	the

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 \$950.00_
<co2:394294_v1></co2:394294_v1>		