Page	2
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## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

Name of Committee in Full							-				
Terry Boyd for School Board Committee											
Full Name of Contributor						Registration Number, if PAC					
Franklin County Forum											
Street Address	Employe	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)			
14 East Gay								Check			
City	St	ate	Zip Code	М		D	Y	Amount			
Columbus	10	H	43215	01	8	3   1	017		25.00		
Full Name of Contributor Registration Number, if PAC											
David A. Dobos											
Street Address	Employe	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)			
8227 Glencree Place	l							Check			
City	St	ate	Zip Code	M		D	Y	Amount			
Dublin	0	H	43016			3 1			100.00		
Full Name of Contributor							istration Number, if PAC				
OAPSE AFSCME Turnaround Ohio				L.	LA 1269						
Street Address	Employe	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)			
6805 Oak Creek Drive								Check			
City	St	ate	Zip Code	М	ΠĪ	D	Y	Amount			
Columbus	0	H	43229	01	9	2   4	017		2,000.00		
Full Name of Contributor				Regis	trati	on Num	ber, if PA	c			
Gary Stroud and Gwen Stroud											
Street Address	Employe	Employer/Occupation/Labor Organization				•		Form (Cash, Check, etc.)			
823 Bruck Street	1							Check			
City	St	ale	Zip Code	М		D	Y	Amount			
Columbus	10	H	43206	11	0	0   1	017		100.00		
Full Name of Contributor				Regis	trati	ion Num	ber, if PA	c			
Karen L. Ferguson											
Street Address	Employe	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)			
723 Powell Drive	l							Check_			
City	St	ate	Zip Code	М		D	Y	Amount			
Niceville	F	L_	32578	11	•	0 1	017		75.00		
Full Name of Contributor				Regis	trati	ion Num	ber, if PA	c			
Columbus Franklin County AFL-CIO	PCE_										
Street Address	Employe	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)			
1545 Alum Creek Drive, 2nd Floor							_	Check			
City			Zip Code	М		D	Y	Amount			
Columbus		H	43209	11	<u> </u>	0 1	0 7		200.00		
Full Name of Contributor	Registration Numb						ber, if PA	ic .			
Phyllis P. Duryee											
Street Address	Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)			
925 City Park Avenue								Check			
City	S	tate	Zip Code	M	- 1	D	Y	Amount			
Columbus	0	l H	43206			<u>013</u>			150.00		
Full Name of Contributor Registration Number, if PAC											
Ohio AFL-CIO PCE											
Street Address	Employ	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)			
395 East Broad Street	<u> </u>							Check			
City	S	tate	Zip Code	M	T	D	Y	Amount			
Columbus	0	H_	43215	11	0	0 4	017	<u> </u>	250.00		
* Dequired for contributions over \$100 to statewide and general assembly	174-4	. 16	7 16 January	anion m	har	than em	nhouse ch	ould 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)

Page Total \$ 2,900.00