Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 2/25/16
Page 5

Citizens for Boyd				
Full Name of Contributor Omar Ganoom			Registration Number, if PAC	
trect Address	Employer/Occupation/Labor Organization*			nount
1589 Stafford Rd				\$250.00
ity	Sta te	Zip Code	Form (Cash, Check, etc.)	*
Columbus	OH	43212	Check	
ull Name of Contributor			Registration Number, if PAC	
Marvenia Bosley		<u></u>	M D Y Ar	
reet Address	Employer/Occupa	Employer/Occupation/Labor Organization*		nount \$100.00
2418 Koebel Rd		12: 6.4-	0 3 0 1 1 6 5 Form (Cash, Check, etc.)	\$100.00
ity Columbia	OH	Zip Code 43207	Check	ļ
Columbus full Name of Contributor	1 011	43201	Registration Number, if PAC	
Ruth McNeil			1100	
treet Address	Employer/Occupa	tion/Labor Organization*	M D Y A	nount
1494 Lafayette Dr				\$50.00
City	Sta, te	Zip Code	Form (Cash, Check, etc.)	*
Columbus	<u> OH</u>	43220	EFT	1
Full Name of Contributor			Registration Number, if PAC	
treet Address	Employer/Occupa	Employer/Occupation/Labor Organization*		mount
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
	OH	<u>.l</u>	Registration Number, if PAC	1
full Name of Contributor			Registration Number, ii PAC	
treet Address	Employer/Occupa	Employer/Occupation/Labor Organization*		mount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y A	mount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		mount
City	State OH	Zip Code	Form (Cash, Check, etc.)	1

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

Transfer the Total Committee of the Comm		
in the date column		
Total contributions this event	Total expenditures this event.	
		Γ

\$3,175.00 \$0.00 Page Total \$

the individual's business, if any, rather than employer should be listed. If two or more empl labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]