

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Citizens for Boyd			
Full Name of Contributor		Registration Number, if PAC	
Rich Hillis			
Street Address	Employer/Occupation/Labor Organization*	M	D
17 S High St		0	9
City	State	Y	Amount
Columbus	OH	2	8
	Zip Code	1	6
			\$500.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Glen Johnson			
Street Address	Employer/Occupation/Labor Organization*	M	D
1903 Brandywine Dr		0	9
City	State	Y	Amount
Columbus	OH	2	9
	Zip Code	1	6
			\$250.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Deloris Wright			
Street Address	Employer/Occupation/Labor Organization*	M	D
628 W Main St		0	9
City	State	Y	Amount
Westerville	OH	2	9
	Zip Code	1	6
			\$250.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
	OH		
	Zip Code		
Form (Cash, Check, etc.)			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
	OH		
	Zip Code		
Form (Cash, Check, etc.)			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
	OH		
	Zip Code		
Form (Cash, Check, etc.)			
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M	D
City	State	Y	Amount
	OH		
	Zip Code		
Form (Cash, Check, etc.)			

\* 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 also 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

\$9,925.00
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Total expenditures this event

\$0.00
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Page Total \$ 1,000.00
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