

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
07 JUL 31 PM 3:54

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Terry Boyd for School Board Committee		Registration Number, if PAC	
Full Name of Candidate			
Street Address 191 W. Nationwide Boulevard, Suite 300		Office Sought School Board	District Columbus
City Columbus		State O H	Zip Code 43215
Type of Report (place X to the left of report type)	Pre-Primary	Post-Primary	Annual Year
	July Monthly	August Monthly	September Monthly
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election M D Y

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 361.89
2. Total monetary contributions (From Form No. 30-A)	\$ 525.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 886.89
5. Total monetary expenditures (From Form No. 31-B)	\$ 0.00
6. Balance on hand (line 4 minus line 5)	\$ 886.89
7. Value of in-kind contributions received (From Form No. 31-E-1)	\$ 80.00
8. Value of in-kind contributions made (From Form No. 31-E-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-H)	\$ 0.00
13. Non-Electronic Billing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	NA

SECRETARY OF STATE
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THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Donald B. Leach, Jr.
Print Name and Title (Treasurer and Deputy Treasurer only)

[Signature]
Signature

7/30/07
Date

Contribution pages 1

Expenditure pages 0

Other pages 1

Total pages 3

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 Rich, Crites & Dittmer by Jeffrey Rich					Registration Number, if PAC		
Street Address 300 East Broad Street, Ste. 300		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 2	D 2 2	Y 0 7	Amount 100.00	
Full Name of Contributor Lucille Tillery					Registration Number, if PAC		
Street Address 634 Harrow Court		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 2	D 2 2	Y 0 7	Amount 50.00	
Full Name of Contributor Charles Gehring					Registration Number, if PAC		
Street Address 706 Greenwich Street		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 2	D 2 2	Y 0 7	Amount 100.00	
Full Name of Contributor Mark Londeree					Registration Number, if PAC		
Street Address 1083 Fifth Avenue		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 2	D 2 2	Y 0 7	Amount 25.00	
Full Name of Contributor Donald B. Leach, Jr.					Registration Number, if PAC		
Street Address 191 W. Nationwide Blvd., Ste. 300		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 2	D 2 2	Y 0 7	Amount 250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 appear. R.C. 3517.10(B)(4)

Page Total \$ 525.00

In-Kind Contributions Received

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Name of Committee in Full Terry Boyd for School Board Committee			
Full Name of Contributor Terry Boyd	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 5646 Concord Hill Drive	Description of Item or Service Postage	M D Y	Fair Market Value 80.00
City Columbus	State Zip Code OH 43213	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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 appear. [R.C. 3517.10(B)(4)]