

FILED

Ohio Campaign Finance Report

07 OCT 25 PM 3: 11

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Terry Boyd for School Board Committee						Registration Number 1111111111		
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		Pre-General		Post-General	
	July		August		September		Termination	
Monthly		Monthly		Monthly		Termination		
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 1 1 0 6 0 7		

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	\$	886.89
2. Total monetary contributions (from Form No. 31-A)	\$	6,850.00
3. Total other income (from Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	7,736.89
5. Total monetary expenditures (from Form No. 31-B)	\$	3,264.82
6. Balance on hand (line 4 minus line 5)	\$	4,472.07
7. Value of in-kind contributions received (from Form No. 31-C)	\$	1,225.36
8. Value of in-kind contributions made (from Form No. 31-C-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-D)	\$	0.00
11. Outstanding loans owed to committee (from Form No. 31-D)	\$	0.00
12. Value of independent expenditures made (from Form No. 31-E)	\$	0.00
13. For Electronic Filing Only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	NA

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SECRETARY OF STATE

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

10/29/07
Date

Contribution pages 5

Expenditure pages 1

Other pages 3

Total pages 9

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 Franklin County Forum						Registration Number, if PAC	
Street Address 14 East Gay			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 0 8	D 3 1	Y 0 7	Amount 25.00
Full Name of Contributor David A. Dobos						Registration Number, if PAC	
Street Address 8227 Glenree Place			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Dublin		State O H	Zip Code 43016	M 0 8	D 3 1	Y 0 7	Amount 100.00
Full Name of Contributor OAPSE AFSCME Turnaround Ohio						Registration Number, if PAC LA 1269	
Street Address 6805 Oak Creek Drive			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43229	M 0 9	D 2 4	Y 0 7	Amount 2,000.00
Full Name of Contributor Gary Stroud and Gwen Stroud						Registration Number, if PAC	
Street Address 823 Bruck Street			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43206	M 1 0	D 0 1	Y 0 7	Amount 100.00
Full Name of Contributor Karen L. Ferguson						Registration Number, if PAC	
Street Address 723 Powell Drive			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Niceville		State F L	Zip Code 32578	M 1 0	D 0 1	Y 0 7	Amount 75.00
Full Name of Contributor Columbus Franklin County AFL-CIO PCE						Registration Number, if PAC	
Street Address 1545 Alum Creek Drive, 2nd Floor			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43209	M 1 0	D 0 1	Y 0 7	Amount 200.00
Full Name of Contributor Phyllis P. Duryee						Registration Number, if PAC	
Street Address 925 City Park Avenue			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43206	M 1 0	D 0 3	Y 0 7	Amount 150.00
Full Name of Contributor Ohio AFL-CIO PCE						Registration Number, if PAC	
Street Address 395 East Broad Street			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43215	M 1 0	D 0 4	Y 0 7	Amount 250.00

* 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)

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 John F. Meyer					Registration Number, if PAC		
Street Address 806 Loch Lomond Land			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Worthington		State O H	Zip Code 43085	M 1 0	D 1 6	Y 0 7	Amount 150.00
Full Name of Contributor Contributions from form 31-E					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
				1 0	1 0	0 7	3,800.00
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
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

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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Terry Boyd for School Board Committee				Registration Number, if PAC			
Full Name of Contributor James R. Hess		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 6201 Heritage Lakes Drive				1	0	1	150.00
City Hilliard		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Garry McDaniel and Lauren B. McDaniel				Registration Number, if PAC			
Street Address 6234 Tetlin Field Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City New Albany		State O H	Zip Code 43054	1	0	1	150.00
Full Name of Contributor Christopher Washington		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 7975 Windrift Place				1	0	1	150.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Melvin E. Walden				Registration Number, if PAC			
Street Address 50 Forest Ridge Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Powell		State O H	Zip Code 43065	1	0	1	150.00
Full Name of Contributor Ronald J. Rotaru		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 4086 Hanover Square Drive				1	0	1	150.00
City Dublin		State O H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Ronald L. Hartung				Registration Number, if PAC			
Street Address 1129 Fordham Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43224	1	0	1	50.00
Full Name of Contributor Cinnamon Pelly		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address 5140 N. High Street, #111				1	0	1	150.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) 150.00			

* 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)]

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

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Terry Boyd for School Board Committee							
Full Name of Contributor Pamela K. Shay				Registration Number, if PAC			
Street Address 1565 Cumberland Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1007	150.00
City London	State O H	Zip Code 43140		Form(Cash,Check,etc) Check			
Full Name of Contributor Charles F. Booher				Registration Number, if PAC			
Street Address 3555 Beech Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1007	150.00
City Johnstown	State O H	Zip Code 43031		Form(Cash,Check,etc) Check			
Full Name of Contributor Gregory S. Lashutka				Registration Number, if PAC			
Street Address 729 Mohawk Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1007	150.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check			
Full Name of Contributor Dana G. Rinehart				Registration Number, if PAC			
Street Address 300 E. Broad Street, Suite 190		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1007	150.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Keith A. Groff				Registration Number, if PAC			
Street Address 42 E. Jeffrey Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1007	100.00
City Columbus	State O H	Zip Code 43214		Form(Cash,Check,etc) Check			
Full Name of Contributor Ohio & Vicinity Regional Council-South Central Office PCE				Registration Number, if PAC			
Street Address 1394 Courtright Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1007	150.00
City Columbus	State O H	Zip Code 43227		Form(Cash,Check,etc) Check			
Full Name of Contributor Citizens for Cain				Registration Number, if PAC			
Street Address 5525 Sandy Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1007	150.00
City Lewis Center	State O H	Zip Code 43035		Form(Cash,Check,etc) Check			

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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 \$ 1,000.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Terry Boyd for School Board Committee							
Full Name of Contributor Rich, Crites & Dittmer				Registration Number, if PAC			
Street Address 300 E. Broad Street, Suite 300		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	1	0	1	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Michael P. Keegan				Registration Number, if PAC			
Street Address 6675 Lakeside Circle		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Worthington		State O H	Zip Code 43085	1	0	1	250.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor James S. Russell				Registration Number, if PAC			
Street Address 5916 Treven Way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43206	1	0	1	250.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Roger A. Holstein				Registration Number, if PAC			
Street Address 573 Olentangy Woods Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43235	1	0	1	300.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Crabbe, Brown & James				Registration Number, if PAC			
Street Address 500 South Front Street, Ste. 1200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43214	1	0	1	300.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Plumbers & Pipefitters L.U. 189 PCE				Registration Number, if PAC 6220			
Street Address 1250 Kinnear Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43212	1	0	1	600.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form(Cash,Check,etc)			

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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

3,800.00

Total expenditures this event

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Page Total \$ 1,850.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Terry Boyd for School Board Committee												
To Whom Paid Lanz Printing Company						M	D	Y	Amount			
						1	0	0	1	0	7	1,570.00
Address 257 Cleveland Avenue				Purpose Palm Cards								
City Columbus		State O H		Zip Code 43215		Check Number 2023						
To Whom Paid Lanz Printing Company						M	D	Y	Amount			
						1	0	1	5	0	7	1,694.82
Address 257 Cleveland Avenue				Purpose Post Cards								
City Columbus		State O H		Zip Code 43215		Check Number 2024						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Terry Board for School Board Committee			
Full Name of Contributor Crabbe, Brown & James	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 500 S. Front Street, Suite 1200	Description of Item or Service Food, Beverage, etc.	M D Y 1 0 1 0 0 7	Fair Market Value 1,225.36
City Columbus	State Zip Code OH 43215	Received at Fundraising Event? <input checked="" 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	
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	

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