Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Boyd				
Full Name of Contributor Frank Reed			Registration Number, if I	PAC
Street Address	I	· · · · · · · · · · · · · · · · · · ·	L	Francisco Chailean
10 W Broad St		apation/Labor Organization		Form (Cash, Check, etc.) Check
City Columbus	OH	Zip Code 43215	M D Y 1 6	Amount \$100.00
Full Name of Contributor			Registration Number, if I	PAC
Scott Alpeter				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
1245 Lieutenant Dr	1			EFT
City	State	Zip Code	M D Y 1 0 1 6	Amount
Galloway	OH	43119	102016	\$500.00
ull Name of Contributor Eric Grile			Registration Number, if I	PAC
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
3800 Municipal Way				Cash
City	State	Zip Code	M D Y	Amount
Hilliard	ОН	43026	1 0 2 0 1 6	\$50.00
Full Name of Contributor		· · · · · · · · ·	Registration Number, if I	PAC
John Francis				
Street Address	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.)
905 Cove Point Dr				Check
City Columbus	OH State	Zip Code 43228	M D Y 1 Y 6	Amount \$50.00
Full Name of Contributor	1	· ·	Registration Number, if I	PAC
Robert Fisher				
Street Address	Employer/Occu	apation/Labor Organization		Form (Cash, Check, etc.)
6475 Plain City Georgesville Rd				Check
City	State	Zip Code	M D Y	Amount
Plain City	OH.	43064	1 0 2 0 1 6	<u> </u>
Full Name of Contributor Registration Number, if PAC Steve Mazer				
	· · · · · · · · · · · · · · · · · · ·			Form (Cash, Check, etc.)
Street Address 3362 Harbor Bay Dr	Employer/Occu	apation/Labor Organization		Check
City	State	Zip Code	TW ID IV	1
Columbus	ОН	43221	M D Yi	\$50.00
Full Name of Contributor	1 0.,		Registration Number, if I	1
Mary Seidle			,	
Street Address	Employer/Occi	apation/Labor Organization		Form (Cash, Check, etc.)
4733 Clubpark Dr	Laspioyer	pation baton Organization		Check
City	State	Zip Code	M. D. Yi	Amount
Hilliard	OH	43026	102016	\$100.00
Full Name of Contributor David Delande	*		Registration Number, if I	PAC
Street Address	E-1	metical short		Form (Cash, Check, etc.)
7747 Hayden Run Rd	Employer/Occi	Employer/Occupation/Labor Organization		Check
City	State	Zip Code	M D Y	Amount
Hilliard	ОН	43026	1 0 2 0 1 6	\$50.00

Page Total \$950.00

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