

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 Ann Vorys					Registration Number, if PAC		
Street Address 5826 Havens Corners Rd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 2	D 0 4	Y 0 3	Amount 50.00	
Full Name of Contributor Alex Shumate					Registration Number, if PAC		
Street Address 229 Deer Meadow Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 1 2	D 0 2	Y 0 3	Amount 100.00	
Full Name of Contributor John D. Lee					Registration Number, if PAC		
Street Address 689 S. 3rd Street		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43206	M 1 2	D 0 2	Y 0 3	Amount 250.00	
Full Name of Contributor Sarah Jones					Registration Number, if PAC		
Street Address 2988 Granda Hills Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43231	M 1 2	D 0 1	Y 0 3	Amount 50.00	
Full Name of Contributor Abigail S. Wexner c/o Limited Stores, Inc.					Registration Number, if PAC		
Street Address Three Limited Parkwav		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43068	M 1 2	D 0 1	Y 0 3	Amount 2,000.00	
Full Name of Contributor Brenda Kenall					Registration Number, if PAC		
Street Address 204 S. 4th Street		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Newark	State O H	Zip Code 43055	M 1 2	D 0 0	Y 0 3	Amount 50.00	
Full Name of Contributor Tim Prater					Registration Number, if PAC		
Street Address 3515 Heritage Oaks Drive		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Hilliard	State O H	Zip Code 43026	M 1 2	D 1 1	Y 0 3	Amount 100.00	
Full Name of Contributor Robert Larrimer					Registration Number, if PAC		
Street Address 3020 S. Dorchester Rd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221	M 1 2	D 1 1	Y 0 3	Amount 50.00	

* 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)

Page Total \$ 2,650.00