

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 Dorothy Teater			Registration Number, if PAC	
Street Address 3272 Cleeve HI	Employer/Occupation/Labor Organization*		M D Y 0 8 2 3 1 6	Amount \$500.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Maguire & Schneider, c/o Keith Schneider			Registration Number, if PAC	
Street Address 1650 Lake Shore Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 2 3 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Skestos			Registration Number, if PAC	
Street Address 31 S Columbia Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 2 3 1 6	Amount \$500.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cynthia Hilsheimer			Registration Number, if PAC	
Street Address 7278 Lambton Park Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 2 3 1 6	Amount \$500.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) EFT	
Full Name of Contributor John Coats			Registration Number, if PAC	
Street Address 1833 Kent St	Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) Check	
Full Name of Contributor Randy Miller			Registration Number, if PAC	
Street Address 6977 Tralee Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 2 9 1 6	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary Frea			Registration Number, if PAC	
Street Address 6095 Iroquois Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 0 6 1 6	Amount \$1,000.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) EFT	

* 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

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Total expenditures this event.

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Page Total \$ 3,100.00