

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce for City Council Committee							
Full Name of Contributor Jonathan C. Beard					Registration Number, if PAC		
Street Address 1815 Franklin Park South		Employer/Occupation/Labor Organization Columbus Compact Corp.			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43205	M 1	D 0	Y 3	Amount 50.00	
Full Name of Contributor Coleman for Columbus					Registration Number, if PAC		
Street Address 3886 N. High St.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 1	D 0	Y 3	Amount 2,000.00	
Full Name of Contributor Columbus Franklin County AFL-CIO					Registration Number, if PAC PEC		
Street Address 1545 Alum Creek Dr., 2nd Floor		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 1	D 0	Y 3	Amount 200.00	
Full Name of Contributor Plumbing & Pipefitting Industry Local 189					Registration Number, if PAC LA 1212		
Street Address 1250 Kinnear Rd.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43212	M 1	D 0	Y 3	Amount 300.00	
Full Name of Contributor Mark A. Wagenbrenner					Registration Number, if PAC		
Street Address 1289 Grandview Ave.		Employer/Occupation/Labor Organization The Wagnebrenner Company - owner			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43212	M 1	D 0	Y 3	Amount 1,000.00	
Full Name of Contributor Mentel for Council					Registration Number, if PAC		
Street Address 3886 N. High St.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 1	D 0	Y 3	Amount 3,000.00	
Full Name of Contributor Resources PAC					Registration Number, if PAC CP 1076		
Street Address 17 S. High St., Ste. 245		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1	D 1	Y 0	Amount 200.00	
Full Name of Contributor Joyce E. Bushman					Registration Number, if PAC		
Street Address 125 Mackenzie Dr.		Employer/Occupation/Labor Organization City of Columbus - Chief of Staff			Form (Cash, Check, etc.) check		
City Pickerington	State O H	Zip Code 43147	M 1	D 1	Y 0	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 \$ 6,800.00