



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee Kevin L. Boyce Committee			
Full Name of Contributor Bob Evans		Registration Number, if PAC	
Street Address 3140 Olentangy River Rd	Type* Refund	Date (MM/DD/YYYY) 09/13/2019	Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43202	Amount \$1.10
Full Name of Contributor Jayme Staley		Registration Number, if PAC	
Street Address 4939 Cemetery Rd	Type* Refund	Date (MM/DD/YYYY) 12/06/2019	Form (Cash, Check, etc.)
City Hilliard	State OH	Zip Code 43026	Amount \$134.10
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.