Page	4_

Page Total \$ 7,023.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Evil							
Name of Committee in Full Kevin L. Boyce for City Council Com	mittee						
Full Name of Contributor	пинее		Registra	tion Nun	ber, if PA	AC .	
Contributions from form No. 31-E			Tropisus.		,		
	Employer/Occi	pation/Labor Organization				Form (Cash, Check, etc.)	
Street Address	Employer/Occi				Tom (Cash, Check, Co.)	'	
City	State	Zip Code	М	D	Y	Amount	
City			1 0	0/7	0 5	500	00.0
Full Name of Contributor	<u> </u>				ber, if PA		
Contributions from form No. 31-E							
Street Address	Employer/Occi		Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
•			1 0	1 3	0 5	2,050	00.0
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC .	
Contributions from form No. 31-E							
Street Address	Employer/Occi	upation/Labor Organization				Form (Cash, Check, etc.))
City	State	Zip Code	M	D	Y	Amount	
			1 0	1 9	0 5	3,625	5.00
Full Name of Contributor			Registra	tion Nur	nber, if Pa	AC	
Contributions from form No. 31-E							
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount	
				2 1			0.00
Full Name of Contributor			Registra	tion Nur	nber, if Pa	AC	
Contributions from form No. 31-E							
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash, Check, etc.	.)
City	State	Zip Code	М	D	Y	Amount	
			1 0				3.00
Full Name of Contributor			Registra	ation Nur	nber, if P	AC	
			<u> </u>				
Street Address	upation/Labor Organization	Form (Cash, Check, etc.)					
			- 1 37	1 5	1 17		
City	State	Zip Code	M	D	Y	Amount	
				i N	ob on iCD	16	
Full Name of Contributor			Registra	ation Nu	nber, if P	AC	
						Form (Cash, Check, etc.	
Street Address	Employer/Occ	upation/Labor Organization				ronn (Cash, Check, etc.	.)
		Tr:- 0-1-	М	D	Ту	Amount	
City	State	Zip Code	I M		1 1	Amount	
			Pagietr	ation Nu	nber, if P	AC .	
Full Name of Contributor			icegisu	ation is a	11001, 11 1	ne .	
2:	Employer/Occupation/Labor Organization					Form (Cash, Check, etc	:.)
Street Address	Employer/Occ					,	
Cit.	State	Zip Code	М	D	Y	Amount	
City	Siate	Zip code	"				
	1						

* 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)