

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce for City Council Committee									
To Whom Paid Expenditures from Form 31-F						M 1	D 0	Y 2	Amount 385.00
Address					Purpose				
City					State	Zip Code		Check Number	
To Whom Paid						M 	D 	Y 	Amount
Address					Purpose				
City					State	Zip Code		Check Number	
To Whom Paid						M 	D 	Y 	Amount
Address					Purpose				
City					State	Zip Code		Check Number	
To Whom Paid						M 	D 	Y 	Amount
Address					Purpose				
City					State	Zip Code		Check Number	
To Whom Paid						M 	D 	Y 	Amount
Address					Purpose				
City					State	Zip Code		Check Number	
To Whom Paid						M 	D 	Y 	Amount
Address					Purpose				
City					State	Zip Code		Check Number	
To Whom Paid						M 	D 	Y 	Amount
Address					Purpose				
City					State	Zip Code		Check Number	
To Whom Paid						M 	D 	Y 	Amount
Address					Purpose				
City					State	Zip Code		Check Number	
To Whom Paid						M 	D 	Y 	Amount
Address					Purpose				
City					State	Zip Code		Check Number	
To Whom Paid						M 	D 	Y 	Amount