

31-C  
R.C. 3517.10FOR PAPER FILING ONLY  
Statement of Loans Received

Page \_\_\_\_\_

Prescribed by Secretary of State 3/05

|   |  |                    |   |                          |   |   |   |  |   |   |   |    |   |   |         |
|---|--|--------------------|---|--------------------------|---|---|---|--|---|---|---|----|---|---|---------|
| Full Name of Committee<br><b>Kevin L. Boyce Committee</b> |  |                    |   |                          |   |   |   |  |   |   |   |    |   |   |         |
| From Whom Received<br><b>Friends of Marilyn Brown</b>     |  |                    |   |                          |   | Prior Amount<br><b>5,000.00</b>           |   | Amt. Incurred this Period<br><b>0.00</b> |   |   |   |    |   |   |         |
| Address<br><b>545 E Town St</b>                           |  |                    |   |                          |   |   |   | Outstanding Balance<br><b>0.00</b>       |   |   |   |    |   |   |         |
| City<br><b>Columbus</b>                                   |  | State<br><b>OH</b> |   | Zip Code<br><b>43215</b> |   | Loans Received This Period<br>Date Amount |   | Payments This Period<br>Date Amount      |   |   |   |    |   |   |         |
| Date Loan was originally Incurred                         |  | M                  | D | Y                        | M | D   | Y | \$                                       | M | D | Y | \$ |   |   |         |
|   |  |                    |   |                          |   |   |   |  | 0 | 4 | 1 | 0  | 1 | 8 | 5000.00 |
| Registration Number, if PAC                               |  |                    |   |                          |   | M   | D | Y  | M | D | Y |    |   |   |         |
| Employer/Occupation/Labor Organization*                   |  |                    |   |                          |   | M   | D | Y  | M | D | Y |    |   |   |         |
| From Whom Received  |  |                    |   |                          |   | Prior Amount                              |   | Amt. Incurred this Period                |   |   |   |    |   |   |         |
| Address   |  |                    |   |                          |   |   |   | Outstanding Balance                      |   |   |   |    |   |   |         |
| City  |  | State              |   | Zip Code                 |   | Loans Received This Period<br>Date Amount |   | Payments This Period<br>Date Amount      |   |   |   |    |   |   |         |
| Date Loan was originally Incurred                         |  | M                  | D | Y                        | M | D   | Y | \$                                       | M | D | Y | \$ |   |   |         |
|   |  |                    |   |                          |   |   |   |  |   |   |   |    |   |   |         |
| Registration Number, if PAC                               |  |                    |   |                          |   | M   | D | Y  | M | D | Y |    |   |   |         |
| Employer/Occupation/Labor Organization*                   |  |                    |   |                          |   | M   | D | Y  | M | D | Y |    |   |   |         |
| From Whom Received  |  |                    |   |                          |   | Prior Amount                              |   | Amt. Incurred this Period                |   |   |   |    |   |   |         |
| Address   |  |                    |   |                          |   |   |   | Outstanding Balance                      |   |   |   |    |   |   |         |
| City  |  | State              |   | Zip Code                 |   | Loans Received This Period<br>Date Amount |   | Payments This Period<br>Date Amount      |   |   |   |    |   |   |         |
| Date Loan was originally Incurred                         |  | M                  | D | Y                        | M | D   | Y | \$                                       | M | D | Y | \$ |   |   |         |
|   |  |                    |   |                          |   |   |   |  |   |   |   |    |   |   |         |
| Registration Number, if PAC                               |  |                    |   |                          |   | M   | D | Y  | M | D | Y |    |   |   |         |
| Employer/Occupation/Labor Organization*                   |  |                    |   |                          |   | M   | D | Y  | M | D | Y |    |   |   |         |

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1 Total prior amount \$ 5,000.00

2 Total received this period \$ 0.00 (To Form No. 31-A-2)

3 Total Payments this Period \$ 5,000.00 (also record on Form 31-B)

4 Total Outstanding Balance \$ 0.00 (To Form No. 30-A)