3	1-	A
R	c	3517.10

Page	1

Page Total \$ 875.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Kevin L. Boyce for Columbus City	Council Comm	nittee							
Full Name of Contributor					Registration Number, if PAC				
Ahmad D. Al Akhras									
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
1311 Le Anne Marie Circle	America	American Islam Relations -				check			
City	State	Zip Code	М	D	Y	Amount			
Columbus	ОН	43235	110	2 9	0 5		50.00		
Full Name of Contributor	Registration Number, if PAC								
Lewis R. Smoot, Sr.									
Street Address	ation/Labor Organization				Form (Cash, Check	, etc.)			
3919 Sunbury Road	Retired	Retired				check			
City	State	Zip Code	M D Y			Amount			
Columbus	$O \mid H$	43219	$1 \mid 1$	0 3	0 5		500.00		
Full Name of Contributor					ber, if PA				
Terri Y. Street									
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
7261 Brooke Blvd.	City of C	Columbus/Director	r of Education			check			
City	State	Zip Code	М	D	Y	Amount			
Reynoldsburg	ОН	43068	111	0 7	0 5		50.00		
Full Name of Contributor		10000	_		ber, if PA	C	00.00		
Daniel F. Trevas			ŕ						
Street Address				Form (Cash, Check	. etc.)				
216 S. James Road		ation/Labor Organization				check	,/		
City	State	Zip Code	М	D	Y	Amount			
Columbus	$O \mid H$	43213	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 1$		I .		25.00		
Full Name of Contributor		1 10210			ber, if PA	C	20.00		
David F. Pritchard					,				
Street Address	Employer/Occup	ation/Labor Organization	<u> —</u>			Form (Cash, Check	etc.)		
	Employer/Occup	Employer/Occupation/Labor Organization				check			
1351 West First Ave.	State	Zip Code	М	D	Y	Amount			
	O H	43235			l .		100.00		
Columbus Full Name of Contributor	0 11	40200	_		LU Ο ber, if PΛ		100.00		
Catherine T. Willis			registia	ition Num	oei, n i n				
Street Address	E-mlover/Octure	ntion/Labor Organization	Form (Cash, Check, etc.				eto \		
•	Isinployer/Occup.	Employer/Occupation/Labor Organization				check			
191 Melyers Court	State	Zip Code	М	D	Y	Amount			
Columbus	OTH	43235	1		0 5		25.00		
Full Name of Contributor	0 11	40200			ber, if PA		20.00		
Wanda M. Brown			registre	idon rum	001, 11 1 7	·C			
	Employer/Occup	ation/Labor Organization				Form (Cash, Check	etc)		
Street Address Employer/Occupation/Labor Organization							, eu.)		
1509 Yates Drive	Stata	Zip Code	М	I n	ΙÝ	check Amount			
City	State O H	43207		D	I .	Amount	25.00		
			1 1 0 5 0 5 25.00 Registration Number, if PAC						
Full Name of Contributor			Registra	uon Num	oet, II PA	C			
Jason H. Calhoun									
Street Address Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)			
65 Price Ave.	Ohio BV		1	T -	1 37	check			
Columbia	State	Zip Code	M	D	Y	Amount	100.00		
Columbus	OH	43201	1 1	0 7	0 5	L	100.00		

* 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)