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In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full	_			
Kevin L. Boyce for City Council				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Ohio Democratic Party	• • •			
Street Address	Description of Item or Service		M D Y Fair Market Value	
271 E State St	Production Costs		1 1 0 8 0 5 7,830.0	
City	State Zip Code		Received at Fundraising Event?	
Columbus	O + H		☐ YES ✓ NO	
Full Name of Contributor	Employer, Occu	upation, Labor Organization *	Registration Number, if PAC	
Ohio Democratic Party				
Street Address	Description of Item or Service		M D Y Fair Market Value	
271 E State St	Postage		1 0 3 1 0 5 2,048.8	
City	State	Zip Code	Received at Fundraising Event?	
Columbus	$I_{O} \perp H$	43215	YES NO	
Full Name of Contributor	Employer, Occu	ipation, Labor Organization *	Registration Number, if PAC	
Ohio Democratic Party				
Street Address	Description of It	tem or Service	M D Y Fair Market Value	
271 E State St		Postage	1 0 3 1 0 5 433.9	
City	State	Zip Code	Received at Fundraising Event?	
Columbus	$O \mid H$	43215	☐ YES ✓ NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	State	Zip Code	Received at Fundraising Event? YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	State	Zip Code	Received at Fundraising Event? YES NO	
Full Name of Contributor	Employer, Occu	spation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of It	em or Service	M D Y Fair Market Value	
City	State	Zip Code	Received at Fundraising Event?	
Full Manage Council of			L YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	State	Zip Code	Received at Fundraising Event? YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	State	Zip Code	Received at Fundraising Event?	

^{*} Required for contributions form individual 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 also appear. [R.C. 3517.10(B)(4)]