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R.C.	3517.1	(

## **Statement of Contributions Received**

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Page Total \$

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce for Columbus City	/ Council Co	ommittee				
Full Name of Contributor William D. Faith			Registration Number, if P	Registration Number, if PAC		
Street Address 340 Clinton Heights Ave.	Employer/Occu	Employer/Occupation/Labor Organization				
City Columbus	State OH	Zip Code 43202	0 6 1 0 0 5	Amount 150		
Full Name of Contributor  Douglas G. McMarlin	Registration Number, if P	AC				
Street Address  366 Eastmoor Blvd,	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)  check		
City Columbus	State OH	Zip Code <b>43209</b>	0 <sup>M</sup> 6 1 0 0 5	Amount <b>250</b>		
Full Name of Contributor  Graphic T's Inc. (refund)  Registration Number, if PAC						
Street Address 532R Main Street	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Groveport	State OH	Zip Code <b>43125</b>	0 6 1 0 0 5	Amount <b>250</b>		
Full Name of Contributor  Marlene Lynn						
Street Address 7725 Kelvinway Drive	Employer/Occu	ipation/Labor Organization*	, <u> </u>	Form (Cash, Check, etc.)  Check		
City Worthington	State OH	Zip Code 43085	0 <sup>M</sup> 6 1 0 0 5	Amount <b>20</b>		
Full Name of Contributor  John P. Carney			Registration Number, if PAC			
Street Address 357 E. Torrence Road	Employer/Occu	Employer/Occupation/Labor Organization*				
City Columbus	State OH	Zip Code <b>43214</b>	0 6 1 0 0 5	Amount 100		
Full Name of Contributor Committee For Cindy Lazarus	Full Name of Contributor Registration Number		Registration Number, if I	AC		
Street Address 404 South Chesterfield Road	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)  check		
City Columbus	State OH	Zip Code 43209	0 6 1 0 0 5	Amount 300		
Full Name of Contributor  Registration Number, if PAC  Registration Number, if PAC						
Street Address P.O. Box 10149	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code <b>43201</b>	0 6 1 0 0 5	Amount <b>25</b>		
Full Name of Contributor  Jo Anne St. Clair						
Street Address 209 Olentangy Street	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)  check		
City Columbus	State OH	Zip Code 43202	0 6 1 0 ° 5	Amount 35		

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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)]