

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce for Columbus City Council Committee						
Full Name of Contributor Donald B. Shackelford				Registration Number, if PAC		
Street Address 21 East State Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 5	Y 0 2 0 5	Amount 2,500
Full Name of Contributor Thekla R. Shackelford				Registration Number, if PAC		
Street Address 21 East State Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 5	Y 0 2 0 5	Amount 2,500
Full Name of Contributor Gayle Saunders				Registration Number, if PAC		
Street Address 2788 Floribunda Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43209	M 0	D 5	Y 0 2 0 5	Amount 100
Full Name of Contributor Ty Marsh				Registration Number, if PAC		
Street Address 190 Rustic Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	M 0	D 5	Y 0 2 0 5	Amount 150
Full Name of Contributor Stewart Smith				Registration Number, if PAC		
Street Address 1638 Minturn Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City New Albany	State OH	Zip Code 43054	M 0	D 5	Y 0 2 0 5	Amount 150
Full Name of Contributor M/I Homes PAC				Registration Number, if PAC CP1203		
Street Address 3 Easton Oval, Suite 500		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43206	M 0	D 5	Y 0 2 0 5	Amount 500
Full Name of Contributor Robert J. (Skip) Weiler, Jr.				Registration Number, if PAC		
Street Address 41 South High Street, Suite 2200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 5	Y 0 2 0 5	Amount 100
Full Name of Contributor Graphic T's, Inc.				Registration Number, if PAC		
Street Address 532R Main Street P.O. Box 248		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Groveport	State OH	Zip Code 43125	M 0	D 6	Y 1 0 0 5	Amount 250

* 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)]