

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee				
Full Name of Contributor Elizabeth M. Stanton			Registration Number, if PAC	
Street Address 1937 Beverly Road	Employer/Occupation/Labor Organization*		M D Y 0 4 3 0 0 5	Amount 50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Bobby Singh			Registration Number, if PAC	
Street Address 7042 Cunningham Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 3 0 0 5	Amount 50.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) check	
Full Name of Contributor Connor & Behal			Registration Number, if PAC	
Street Address 501 South High Street	Employer/Occupation/Labor Organization*		M D Y 0 4 3 0 0 5	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$0.00

\$0.00

Page Total \$

200.00