

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 Edwin B. Hogan			Registration Number, if PAC	
Street Address 2727 Mitzi Drive	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43209	Y 1	Amount 100
Form (Cash, Check, etc.) cash				
Full Name of Contributor Jeffrey D. Porter			Registration Number, if PAC	
Street Address 2584 Breanna Place	Employer/Occupation/Labor Organization*		M 0	D 6
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount 100
Form (Cash, Check, etc.) check				
Full Name of Contributor Takeysha M. Sheppard			Registration Number, if PAC	
Street Address 2637 Quarry Valley Rd.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43204	Y 1	Amount 100
Form (Cash, Check, etc.) check				
Full Name of Contributor Jayne Patricia Moore			Registration Number, if PAC	
Street Address 1632 Bryden Road	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43205	Y 1	Amount 100
Form (Cash, Check, etc.) check				
Full Name of Contributor Marcus A. Ross			Registration Number, if PAC	
Street Address 4468 Keeler Drive	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43227	Y 1	Amount 100
Form (Cash, Check, etc.) check				
Full Name of Contributor Connie Klema			Registration Number, if PAC	
Street Address P.O. Box 991	Employer/Occupation/Labor Organization*		M 0	D 6
City Pataskala	State OH	Zip Code 43062	Y 1	Amount 100
Form (Cash, Check, etc.) check				
Full Name of Contributor Eric D. Carmichael			Registration Number, if PAC	
Street Address 1299 Brookwood Place	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43209	Y 1	Amount 100
Form (Cash, Check, etc.) check				

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **700**