

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Kevin L. Boyce for City Council Committee					
Full Name of Contributor Villia Davidson				Registration Number, if PAC	
Street Address 3153 Thorndyke St.	Employer/Occupation/Labor Organization* Compuware Co. - Bus. Analyst		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43232	Amount 25.00	Form(Cash,Check,etc) check	
Full Name of Contributor Regina K. Johnson				Registration Number, if PAC	
Street Address 2436 Chelsea Ct.	Employer/Occupation/Labor Organization* Ohio State Univ. - Development Officer		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43232	Amount 25.00	Form(Cash,Check,etc) check	
Full Name of Contributor Melissa D. Lamar				Registration Number, if PAC	
Street Address 3278 Lone Spruce Rd	Employer/Occupation/Labor Organization* Columbus State - Project Specialist		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43219	Amount 20.00	Form(Cash,Check,etc) check	
Full Name of Contributor Dwayne D. Reed				Registration Number, if PAC	
Street Address 790 Harves Lane Ct.	Employer/Occupation/Labor Organization* RSC - DCA		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43213	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Kalitha E. Williams				Registration Number, if PAC	
Street Address 323 Ashburton Rd.	Employer/Occupation/Labor Organization* CLU - Director		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43213	Amount 15.00	Form(Cash,Check,etc) check	
Full Name of Contributor Fred F. Wilkes				Registration Number, if PAC	
Street Address 2448 Perdue Ave.	Employer/Occupation/Labor Organization* Labor Team - Business Development		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43211	Amount 50.00	Form(Cash,Check,etc) check	
Full Name of Contributor Uri A. Jurist				Registration Number, if PAC	
Street Address 1320 Tranquil Drv.	Employer/Occupation/Labor Organization* Jones Day - Attorney		M 1	D 0	Y 3
City Worthington	State O	Zip Code 43085	Amount 25.00	Form(Cash,Check,etc) check	

* Required for contributions from individuals 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 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

Page Total \$ 210.00