

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 Niel M. Jurist				Registration Number, if PAC	
Street Address 1183 Thurell Rd.	Employer/Occupation/Labor Organization* IN8 Inner-Prizes - Director		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43229	Form(Cash,Check,etc) check		Amount 10.00
Full Name of Contributor Cortney J. Lay				Registration Number, if PAC	
Street Address 1550 E. Broad St., Apt. 306	Employer/Occupation/Labor Organization* Shane's Gourmet Restaurant - Chef		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43203	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor Laura L. Neely				Registration Number, if PAC	
Street Address 498 S. Hamilton Rd., Apt. 43	Employer/Occupation/Labor Organization* Wexner Heritage House - Med. Rec. Asst.		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43213	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor Jason E. Boyd				Registration Number, if PAC	
Street Address 3651 Cannongate Dr.	Employer/Occupation/Labor Organization* Franlin County - Attorney		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43228	Form(Cash,Check,etc) check		Amount 15.00
Full Name of Contributor Christina Williams				Registration Number, if PAC	
Street Address 2580 Villa Capri	Employer/Occupation/Labor Organization* Columbus Public Schools - Teacher		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43219	Form(Cash,Check,etc) check		Amount 30.00
Full Name of Contributor Yakima Nelson				Registration Number, if PAC	
Street Address 7393 Brooke Blvd.	Employer/Occupation/Labor Organization* City of Columbus - Council Aid		M 1	D 1	Y 0
City Reynoldsburg	State O	Zip Code 43068	Form(Cash,Check,etc) check		Amount 25.00
Full Name of Contributor Aaron M. Riley				Registration Number, if PAC	
Street Address 734 Sheridan Ave.	Employer/Occupation/Labor Organization* Columbus Aids Task Force - Director		M 1	D 1	Y 0
City Bexley	State O	Zip Code 43209	Form(Cash,Check,etc) check		Amount 50.00

* 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 \$ 180.00