

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 Calfee, Halter/Green Fund for Good Gocernment				Registration Number, if PAC FEC #C00351635	
Street Address 800 Superior Ave., Suite 1400		Employer/Occupation/Labor Organization*		M 0	D 4
City Cleveland		State OH	Zip Code 44114	Y 2	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Thomas C. Green					
Street Address 21 East State Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Michael C. Mercurio					
Street Address 432 Fairlawn Drive		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43214	Y 2	Amount \$100.00
Form (Cash, Check, etc.) check					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$400.00** ✓