

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 Rachel M. Milella				Registration Number, if PAC	
Street Address 413 Reinhard Ave.		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43206	Y 1	Amount 100.00
				Form (Cash, Check, etc.) check	
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 100.00
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Jeffery 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 100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Takeysa M. Sheppard				Registration Number, if PAC	
Street Address 2637 Quarry Valley Road		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43204	Y 1	Amount 100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Jayne Patrica 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 100.00
				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 100.00
				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 100.00
				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

700.00
Page Total \$ **700.00**