

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 Christopher Evans				Registration Number, if PAC	
Street Address 1149 Olney Drive	Employer/Occupation/Labor Organization* Franklin County Jobs & Family Services		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43227	Amount 25.00	Form(Cash,Check,etc) check	
Full Name of Contributor Shanda R. Harris				Registration Number, if PAC	
Street Address 2775 Preston Club	Employer/Occupation/Labor Organization* Archer, Meek, Weiler - Insurance Agent		M 1	D 1	Y 7
City Columbus	State O	Zip Code 43215	Amount 40.00	Form(Cash,Check,etc) check	
Full Name of Contributor Jocelyn Neely				Registration Number, if PAC	
Street Address 1921 Mountain Oak Road	Employer/Occupation/Labor Organization* Franklin County Jobs & Family Services		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43219	Amount 25.00	Form(Cash,Check,etc) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ 90.00