

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 Angela R. Aikens				Registration Number, if PAC	
Street Address 2369 Liverpool Ct.	Employer/Occupation/Labor Organization* Ross Products - Gov't Contracts		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43229	H 1	Amount 25.00	Form(Cash,Check,etc) check
Full Name of Contributor Kimberly Aikens				Registration Number, if PAC	
Street Address 2369 Liverpool Ct.	Employer/Occupation/Labor Organization* Ross Products - Sales Analyst		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43229	H 1	Amount 25.00	Form(Cash,Check,etc) check
Full Name of Contributor Angela L. Stanley				Registration Number, if PAC	
Street Address 3064 Dorris Ave.	Employer/Occupation/Labor Organization* Ohio State University - Research Assoc.		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43202	H 1	Amount 25.00	Form(Cash,Check,etc) check
Full Name of Contributor Pierrot G. Laurent				Registration Number, if PAC	
Street Address 8504 Amarillo Dr.	Employer/Occupation/Labor Organization* Prudential Financial - Financial Advisor		M 1	D 0	Y 3
City Blacklick	State O	Zip Code 43004	H 1	Amount 25.00	Form(Cash,Check,etc) check
Full Name of Contributor Silvina M. Byrd				Registration Number, if PAC	
Street Address 1413 S. Roosevelt Ave.	Employer/Occupation/Labor Organization* MP Total Care		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43209	H 1	Amount 10.00	Form(Cash,Check,etc) check
Full Name of Contributor Weirdella Gibbs				Registration Number, if PAC	
Street Address 2331 Argyle Dr.	Employer/Occupation/Labor Organization* CAMACO		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43219	H 1	Amount 25.00	Form(Cash,Check,etc) check
Full Name of Contributor Evangeline Woods				Registration Number, if PAC	
Street Address 1672 Rainbow Park	Employer/Occupation/Labor Organization* MATAH Network - Ind. Rep.		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43206	H 1	Amount 10.00	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 \$ 145.00