

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Kevin L. Boyce for City Council Committee</b>					
Full Name of Contributor <b>Linda R. Ridihalgh</b>				Registration Number, if PAC	
Street Address <b>2112 Iuka Ave.</b>	Employer/Occupation/Labor Organization* not employed		M <b>1</b>	D <b>0</b>	Y <b>3</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43201</b>	Form(Cash,Check,etc) <b>check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>John Raphael</b>				Registration Number, if PAC	
Street Address <b>261 East North Broadway</b>	Employer/Occupation/Labor Organization* The Raphael Co. - Lobbyist		M <b>1</b>	D <b>0</b>	Y <b>3</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>check</b>		Amount <b>1,250.00</b>
Full Name of Contributor <b>Martin M. Savko</b>				Registration Number, if PAC	
Street Address <b>675 Lindsey Marie Lane</b>	Employer/Occupation/Labor Organization* Savko & Sons		M <b>1</b>	D <b>0</b>	Y <b>3</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43235</b>	Form(Cash,Check,etc) <b>check</b>		Amount <b>750.00</b>
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

2,050.00

Total expenditures this event

0.00

Page Total \$ 2,050.00