

## 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>Janelle Simmons</b>				Registration Number, if PAC	
Street Address <b>2686 Bloom Dr.</b>		Employer/Occupation/Labor Organization* <b>Comm. Shelter Board - Dev &amp; Comm Rel.</b>		M   D   Y <b>1   0   3   1   0   5</b>	Amount <b>20.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43219</b>	Form(Cash,Check,etc) <b>cash</b>	
Full Name of Contributor <b>Geoff Starks</b>				Registration Number, if PAC	
Street Address <b>265 Beech Dr.</b>		Employer/Occupation/Labor Organization* <b>Bisys Fund Serv. - Fund Specialist</b>		M   D   Y <b>1   0   3   1   0   5</b>	Amount <b>10.00</b>
City <b>Delaware</b>		State <b>O   H</b>	Zip Code <b>43015</b>	Form(Cash,Check,etc) <b>cash</b>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

\* 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

798.00

Total expenditures this event

385.00

Page Total \$ 30.00