

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 Laura M. Comek Vanik				Registration Number, if PAC	
Street Address 105 Richards Road	Employer/Occupation/Labor Organization* Crabbe Brown & James - Attorney		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) check		Amount 150.00
Full Name of Contributor John Hanks				Registration Number, if PAC	
Street Address 10585 Churchill Drive	Employer/Occupation/Labor Organization* Homewood Corp. - Attorney		M 1	D 1	Y 0
City Powell	State O	Zip Code 43065	Form(Cash,Check,etc) check		Amount 300.00
Full Name of Contributor Joan B. Jordan				Registration Number, if PAC	
Street Address 4970 Chaddington Drive	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43017	Form(Cash,Check,etc) check		Amount 200.00
Full Name of Contributor Linda M. Menerey				Registration Number, if PAC	
Street Address 2577 Andover Road	Employer/Occupation/Labor Organization*		M 1	D 1	Y 0
City Upper Arlington	State O	Zip Code 43221	Form(Cash,Check,etc) check		Amount 300.00
Full Name of Contributor Takeysha M. Sheppard				Registration Number, if PAC	
Street Address 2637 Quarry Valley Road	Employer/Occupation/Labor Organization* OLBC - Executive Director		M 1	D 1	Y 0
City Columbus	State O	Zip Code 43204	Form(Cash,Check,etc) check		Amount 150.00
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 \$ 1,100.00