

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee				
Full Name of Contributor Robert J. Weiler, Jr.			Registration Number, if PAC	
Street Address 41 South High Street, Suite 200	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 0	Amount 100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Michael McCord			Registration Number, if PAC	
Street Address 2686 Bloom Drive	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43219	Y 1	Amount 100.00
Form (Cash, Check, etc.) cash				
Full Name of Contributor Janelle N. Simmons			Registration Number, if PAC	
Street Address 2686 Bloom Drive	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43219	Y 1	Amount 100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Yvette Austin-Palmer			Registration Number, if PAC	
Street Address 5723 Willowcreek Cir	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43213	Y 1	Amount 200.00
Form (Cash, Check, etc.) check				
Full Name of Contributor David Wiles			Registration Number, if PAC	
Street Address 7615 Sarah Lee	Employer/Occupation/Labor Organization*		M 0	D 6
City Concord Township	State OH	Zip Code 44077	Y 1	Amount 250.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Christie Angel			Registration Number, if PAC	
Street Address 600 South Grant Ave.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43206	Y 1	Amount 100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Derrick Clay			Registration Number, if PAC	
Street Address 7717 Early Meadows Road	Employer/Occupation/Labor Organization*		M 0	D 6
City Westerville	State OH	Zip Code 43082	Y 1	Amount 100.00
Form (Cash, Check, etc.) check				

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 also 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

\$0.00

Total expenditures this event.

\$0.00

950.00
Page Total \$ **950.00**