

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						Registration Number, if PAC	
Full Name of Contributor Thomas E. Szykowny						Registration Number, if PAC OH109	
Street Address 250 South Parkview Ave.		Employer/Occupation/Labor Organization* Self - Attorney		M 1	D 0	Y 3	Amount 200.00
City Bexley		State O	H H	Zip Code 43209		Form(Cash,Check,etc) check	
Full Name of Contributor Vorys Sater Seymour & Pease LLP						Registration Number, if PAC OH109	
Street Address 52 East Gay Street		Employer/Occupation/Labor Organization* Self - Attorney		M 1	D 0	Y 3	Amount 300.00
City Columbus		State O	H H	Zip Code 43054		Form(Cash,Check,etc) check	
Full Name of Contributor Judy Tuckerman						Registration Number, if PAC OH109	
Street Address 5000 Kitzmiller Rd.		Employer/Occupation/Labor Organization* Housewife		M 1	D 0	Y 3	Amount 25.00
City New Albany		State O	H H	Zip Code 43054		Form(Cash,Check,etc) check	
Full Name of Contributor Martha S. Ingram						Registration Number, if PAC OH109	
Street Address 3 New Albany Farms		Employer/Occupation/Labor Organization* White Castle		M 1	D 0	Y 3	Amount 250.00
City New Albany		State O	H H	Zip Code 43054		Form(Cash,Check,etc) check	
Full Name of Contributor Susan Tomasky						Registration Number, if PAC OH109	
Street Address 90 Ashbourne Rd.		Employer/Occupation/Labor Organization* AEP		M 1	D 0	Y 3	Amount 250.00
City Bexley		State O	H H	Zip Code 43209		Form(Cash,Check,etc) check	
Full Name of Contributor Judy Tuckerman						Registration Number, if PAC OH109	
Street Address 90 Ashbourne Rd.		Employer/Occupation/Labor Organization* Housewife		M 1	D 0	Y 3	Amount 100.00
City Bexley		State O	H H	Zip Code 43209		Form(Cash,Check,etc) check	
Full Name of Contributor Donald B. Shackelford						Registration Number, if PAC OH109	
Street Address 21 E. State St., Ste. 1400		Employer/Occupation/Labor Organization* Fifth Third Bank - Chair		M 1	D 0	Y 3	Amount 2,500.00
City Columbus		State O	H H	Zip Code 43215		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

3,625.00

Total expenditures this event

0.00

Page Total \$ 3,625.00