

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 Laire C. McEnery				Registration Number, if PAC	
Street Address 397 Pingree Drive		Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 0 5	Amount 100.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Bricker & Eckler PAC				Registration Number, if PAC PAC #OH 821	
Street Address 100 Third Street		Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 0 5	Amount 500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) cash	
Full Name of Contributor Nationwide Better Citizens Fund				Registration Number, if PAC	
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 0 5	Amount 1,000.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert Hutchins				Registration Number, if PAC	
Street Address 411 E. Town Street		Employer/Occupation/Labor Organization* Attorney		M D Y 0 6 1 0 0 5	Amount 100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Wiles Boyle Burkholder & Bringardner				Registration Number, if PAC	
Street Address 115 West Main Street		Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 0 5	Amount 500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Dawn R. Tyler				Registration Number, if PAC	
Street Address 2574 Dover Road		Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 0 5	Amount 200.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
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, 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

2,400.00
Page Total \$ 10.00