Event Date	10/27/05				
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## Statement of Contributions Received at a Social or Fundraising Event

	Prescribe	d by Sec	retary of State 02/01					
Name of Committee in Full								_
Kevin L. Boyce for City Council Comm	nittee							
Full Name of Contributor				Registration Number, if PAC				
Michael A. Link								
Street Address	Employ	Employer/Occupation/Labor Organization*			D	Y	Amount	
3741 Pendlestone Dr.				1 0	31	0 5	1	100.00
City	Si	tate	Zip Code		ash,Chec			100.00
Columbus		H	43230	`	checl			
Full Name of Contributor	10 11 1920			Registration Number, if PAC				
Natasha Davis						,		
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount				
2264 Lila Way	1	MPW Industrial Services, Inc Attorney			3 1			50.00
City		State Zip Code			ash,Chec			50.00
Columbus	0	H	43235		cash			
Full Name of Contributor			10200	Registra	tion Nun		A.C.	
Shanda Harris								
Street Address	Employe	Employer/Occupation/Labor Organization*			D	Y	Amount	
2775 Preston Club	1 ' '	Columbus Sate - Small Bus. Development			3 1			25.00
City		State Zip Code			ash,Chec			25.00
Columbus		Н	43219		cash			
Full Name of Contributor	10 11 40217			Registration Number, if PAC				
Rodney Mangham				1.08.0		,	.0	
Street Address	Employe	r/Occupa	ation/Labor Organization*	М	D	Y	Amount	
1011 Atlantic Ave., Apt. 819	1 ' '	YMCA - Employment Specialist			3 1		•	3.00
City		State Zip Code			ash,Check			J.00
Columbus	ിറ്	Н	43229	1	cash			
Full Name of Contributor			10227	Registra	tion Num		AC	
Jeremy Neely				້		•		
Street Address	Employe	Employer/Occupation/Labor Organization*			D	Y	Amount	
1921 Mountain Oak Rd.	1	Cols. City Parks & Rec Rec. Worker		110	3   1	0 5		10.00
City		State Zip Code			sh,Checl			10.00
Columbus	0	Н	43219		cash	,,		
Full Name of Contributor	0 11 40217			Registration Number, if PAC				
Iarrett Neely				, cog.our		,		
Street Address	Employe	r/Occupa	tion/Labor Organization*	М	D	Y	Amount	
1921 Mountain Oak Rd.	unemployed				$ \tilde{3} _1$	0   5		15.00
City		ate	Zip Code		sh,Check			10.00
Columbus	0	Н	43204		cash	-,010)		
Full Name of Contributor			10201	Registra	tion Num	ber, if PA	, , ,	
Michael Cole						,		
Street Address	Employer/Occupation/Labor Organization*				D	Y	Amount	
350 S. Huron	1 ' '	Toth Communications - Host/Exec. Prod.			3 1	0 5		30.00
City	State Zip Code			1 0 3 1 0 5 30.00 Form(Cash, Check, etc)				
Columbus	0	l			cash			

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 \$ 233.00
1		

<sup>\*</sup> 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)]