

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 Oyango A. Snell			Registration Number, if PAC	
Street Address 1681 Carstare Drive	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 0 5	Amount 100
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) cash	
Full Name of Contributor Amy E. Greer			Registration Number, if PAC	
Street Address 254 Buttles Ave., Apt 2	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 0 5	Amount 100
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Laurel A. Beatty			Registration Number, if PAC	
Street Address 268 E. Gates Street	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 0 5	Amount 100
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Mysheika R. Lemile-Williams			Registration Number, if PAC	
Street Address 324 Hanford Street	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 0 5	Amount 100
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Anthony Jay Dascenzo			Registration Number, if PAC	
Street Address 1012 Hunter Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 0 5	Amount 100
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) check	
Full Name of Contributor Judith T. Politi			Registration Number, if PAC	
Street Address 1077 Bruck Street	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 0 5	Amount 100
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Laurie C. McEnery			Registration Number, if PAC	
Street Address 397 Pingee Drive	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 0 5	Amount 100
City Worthington	State OH	Zip Code 43086	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

Page Total \$ \$700
