31-E R.C. 3517.10(B)

Event Date	10/27/05
Page	5

Page Total \$

90.00

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	<u>Committee</u>								
Full Name of Contributor		Registration Number, if PAC							
Christopher Evans			M	l D	1 17				
Street Address	1 ' "	Employer/Occupation/Labor Organization*			Y	Amount	25.00		
1149 Olney Drive		Franklin County Jobs & Family Services			0 5		25.00		
City	State	Zip Code	Form(Ca						
Columbus	O H	43227		checl					
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC .			
Shanda R. Harris	F 1 /0	In 1 10 1/2 (1.1			ΙΥ	A			
Street Address	' '	Employer/Occupation/Labor Organization*			1	Amount	40.00		
2775 Preston Club		Archer, Meek, Weiler - Insurance Agent		1 7	0 5		40.00		
City	State	Zip Code		ash,Checl					
Columbus	J O H	O H 43215		check Registration Number, if PAC					
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC			
Jocelyn Neely			1			T			
Street Address		pation/Labor Organization*	M	D	Y	Amount	05.00		
1921 Mountain Oak Road		unty Jobs & Family Services	1 1				25.00		
City	State	Zip Code	1	ash,Checl					
Columbus	ОН	O H 43219			check				
Full Name of Contributor	Registration Number, if PAC								
			ļ., <u> </u>	1 2	1	F			
Street Address	Employer/Occupation/Labor Organization*		M	D .	Y	Amount			
		I	- 12						
City	State	Zip Code	Porm(C	ash,Chec	k,etc)				
- 00			D	4' NI	-L :CD/				
Full Name of Contributor			Registra	tion Nun	nber, if P	AC .			
<u> </u>	IF 1 /0		M	D	I v	TA			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Y	Amount			
at.	Citata	75. C-1-	Liamer/C	ash,Chec	l ata)				
City	State	Zip Code	Form(C	asn, Chec	k,eic)				
5 V 3 C 4 7 4			ID agistra	tion Mun	iber, if P/	N.C.			
Full Name of Contributor			Registra	non Nun	iber, ii F7	ic.			
Charles Address	Englover/Ossu	M	D	Y	Amount				
Street Address	Eniployer/Occu	pation/Labor Organization*	I M		1	Amount			
C'L	State	Zip Code	Form(C)	ash,Chec	k ata)				
City	State	zip code	Forme	asii,Chec	K,CiC)				
Full Name of Contributor			Denistra	tion Nun	nber, if PA	A.C.			
Full Name of Collinoutor			Kegistia	idon ivun	ibei, it i r	10			
Charles Address	Enmlayor/Ossy	pation/Labor Organization*	M	D	Y	Amount	·		
Street Address	Employer/Occu	pation bacot Organization	IVI	-	1 1	Allount			
C'	Ctoto	Zin Codo	Form(C)	och Cheo	l. ata)				
City	State	Zip Code	Tomics	ash,Chec	n,010)				
L									
* Required for contributions from individuals over \$100 to sta			اممريماسسم		on nother	than anniarar			
should be listed. If two or more employees contribute via pays members, if any, must appear. [R.C. 3517.10(B)(4)]	TOTA GEORGEOUS AND EXCECT THE	aggregate of \$100, the 14000 ofg	, нисанун (,, willest	av enihio	Jues are			
monitoers, it any, must appear. [N.C. 3317.10(D)(T)]									
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 Cont	ributor state "Contributions from	form No. 3	1-E" and	l list the d	ate of the event			
in the date column.									
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