## Statement of Contributions Received at a Social or Fund-Raising Event

Event Date	05/19/2005	
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Prescribed by Secretary of State 03/0

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Name of Committee in Full Keyin I Boyce For Columbus City	v Council Committe	ee		
Kevin L. Boyce For Columbus City Council Committee Full Name of Contributor			Registration Number, if PAC	
Michael McCord				
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount	
786 South Front Street		To -	0 6 1 0 0 5 100	
Columbus	State	Zip Code 42315	Form (Cash, Check, etc.) Cash	
Columbus	OH_	42313	Registration Number, if PAC	
Full Name of Contributor			Registration number, it PAC	
Janelle N. Simmons Street Address	[E1- /^	ation// shor Organization*	M D Y Amount	
Street Address 2686 Bloom Drive	Employer/Occupation/Labor Organization*		0 6 1 0 0 5 100	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43219	check	
Full Name of Contributor		-1	Registration Number, if PAC	
Yvette Austin-Palmer				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
5723 Willowcreek Cir.		7:- C- 1:	0 6 1 0 0 5 200	
Columbus	Stalte OH	Zip Code 42313	Form (Cash, Check, etc.)	
Columbus Full Name of Contributor	UH	72313	Registration Number, if PAC	
Full Name of Contributor  David Wiles				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
7615 Sharah Lee	Employer/Occupation/Labor Organization		0 6 1 0 5 250	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Concord Township	OH	44077	check	
Full Name of Contributor			Registration Number, if PAC	
Christie Angel			M IN V I	
Street Address 600 South Grant Ave	Employer/Occupation/Labor Organization*		0 6 1 0 0 5 Amount 100	
	Sta te	Zip Code	Form (Cash, Check, etc.)	
City Columbus	OH	43206	check	
Full Name of Contributor			Registration Number, if PAC	
Derrick R. Clay				
Street Address	Employer/Occupation/Labor Organization*		0 6 1 0 0 5 Amount 100	
7717 Early Measows Road			0 0 1 0 0 0	
City Westerville	Stal te	Zip Code 43082	Form (Cash, Check, etc.) Check	
	OH	73002	Registration Number, if PAC	
Full Name of Contributor Rachel M. Milella				
Street Address	Employer/Ωccur	pation/Labor Organization*	M D Y Amount	
413 Reinhard Ave.	Employer/Occup		0 6 1 0 0 5 1 100	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43206	check	
* Required for contributions from individuals over \$100	) to statewide and General Ac	ssembly candidates. If contribu	utor is self-employed, the occupation and the name of	

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	Continuations and event
	\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \_\_\_\_\_

<sup>\*</sup> 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)]