Event Date	10/27/2005
Page	17

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

	Prescribed by Secre				
Jame of Committee in Full					
Kevin L. Boyce for City Council	Committee		M D Y Amount		
To Whom Paid			1 *** 1 - 1 . 1	200.00	
Creative Cuisine			1 0 2 7 0 5	200.00	
Address	Purpose				
839 Busch Court	Food		Check Number		
City	1	Zip Code	1313		
Columbus	O H	43229	M D Y Amoun	<u> </u>	
To Whom Paid			1 0 2 7 0 5	185.00	
Columbus Metropolitan Club			1 0 2 7 0 3	100.00	
Address		Purpose			
100 E. Broad St.	Facility Re	Zip Code	Check Number		
City	State	43215	1314		
Columbus	ОН	43213	M D Y Amoun	t	
To Whom Paid					
	Purpose				
Address	upose		• #		
	State	Zip Code	Check Number		
City					
			M D Y Amou	nt	
To Whom Paid	-				
111	Purpose				
Address	•				
0:	State Zip Cod		Check Number		
City					
To Whom Paid			M D Y Amou	nt	
10 11 10 11 2 11 2					
Address	Purpose	Purpose			
City	State	Zip Code	Check Number		
To Whom Paid			M D Y Amou	int	
(
Address	Purpose				
City	State	Zip Code	Check Number		
			M D Y Amor	unt	
To Whom Paid			M D Y Amor		
Address	Purpose				
		State Zin Code Check Number			
City	State	Zip Code	Chook I		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ ____385.00