

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 Michael J. DeAscentis				Registration Number, if PAC	
Street Address P.O. Box 563		Employer/Occupation/Labor Organization*		M 0	D 4
City New Albany		State OH	Zip Code 43054	Y 3	Amount 500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Robert E. Yoakam, Jr.				Registration Number, if PAC	
Street Address 6345 Taggart Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Delaware		State OH	Zip Code 43015	Y 3	Amount 500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Timothy R. Foley				Registration Number, if PAC	
Street Address 635 Brookedge Blvd.		Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville		State OH	Zip Code 43081	Y 3	Amount 500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Silver Drive Partners				Registration Number, if PAC	
Street Address 150 E. Broad Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 3	Amount 500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor M/I Homes PAC				Registration Number, if PAC CP 1203	
Street Address 3 Easton Oval, Suite 500		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43206	Y 3	Amount 500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

* 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

2,500.00
Page Total \$ **2,500.00**