Event Date	10/21/05
Page	8

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 02/01						
Name of Committee in Full								
Kevin L. Boyce for City Counci	<u>l Committee</u>						<u></u>	
Full Name of Contributor			Registration	on Numl	ber, if Pa	AC		
Angela C. Vancleaf Street Address	Employer/Occur	nation/Labor Organization*	M	D	Y	Amount		
4327 Grays Market Dr.		Employer/Occupation/Labor Organization* Discover Network Serv Cust. Serv.			0 5		25.00	
City		State Zip Code			etc)		25.00	
Gahanna	O H	43230		heck				
Full Name of Contributor	0 11	10200	Registration			AC		
Monica J. Gillison					,			
Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount		
210 Briarwood Ct.				3 1	0 5		25.00	
City	State	Zip Code	1 0 Form(Cas					
Westerville	OH	43081		heck				
Full Name of Contributor			Registratio	on Numl	ber, if Pa	AC .		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Y	Amount		
City	State	Zip Code	Form(Cas	h,Check	,etc)			
Full Name of Contributor				Registration Number, if PAC				
	l=		м	D I				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Y	Amount		
	0.4	17' O. I.	F (C)	1 01 1				
City	State	Zip Code	Form(Cas	in,Check	,etc)			
Full Name of Contributor			Registration	on Numi	her if D	A.C.		
run Name of Controllor			Registiation	OII INUIII	JC1, 11 1 2			
Street Address Employer/Occupation/Labor Organization*				D	Y	Amount		
	2		M	1	1			
City	State	Zip Code	Form(Cas	h,Check	,etc)			
<u> </u>		1						
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Registratio	on Numl	er, if P	AC		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Y	Amount		
City	State	Zip Code	Form(Cas	h,Check	,etc)			
Full Name of Contributor			Registratio	on Numl	oer, if Pa	AC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
		Tr:- 0-1-	F. G		-4->		-	
City	State	Zip Code	Form(Cas	n,Check	,etc)			
		<u> </u>	!					
* Production of the Committee of the Com			د درواسسه کام			than amml		
* Required for contributions from individuals over \$100 to	statewide and general assembly	candidates. If contributor is se	en-employed,	occupati	on rathe	r man employer	г	

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	Total expenditures this event		
50.00	0.00	Page Total \$50	0.00
	L. MANAZ-I		

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 appear. [R.C. 3517.10(B)(4)]