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

Event Date_3/30/05	
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Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Counci	l Committee	e			
Full Name of Contributor	Registration Number, if PAC				
Friends of Peter Lawson Jones					
Street Address	Employer/Occupation/Labor Organization*				
21750 Shaker Boulevard	, ,	5	0 3 2 6 0 5 \$150.00		
City	Stal te	Zip Code	Form (Cash, Check, etc.)		
Shaker Heights	OH	44122	check		
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC		
George J. Sicaras					
	Employer/Occupation/Labor Organization*		M D Y Amount		
2460 North High Street			0 3 2 6 0 5 \$150.00		
City	Stal te	Zip Code	Form (Cash, Check, etc.)		
Columbus Full Name of Contributor	ОН	43202	check Registration Number, if PAC		
Wiliam P. Demora		Registration Number, if PAC			
Street Address	on/Labor Organization*	M D Y Amount			
100 Warren Street	Employer/Occupation/Labor Organization*		0 3 2 6 0 5 \$50.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH [°]	43215	check		
Full Name of Contributor	•		Registration Number, if PAC		
Stephanie R. Barnett					
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount		
1325 Haddon Road			0 3 2 6 0 5 \$150.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43209	check		
Full Name of Contributor Ted Barrows Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
4834 Sarasota Drive			0 3 2 6 0 5 \$150.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Hilliard	ОН	43026	check		
Full Name of Contributor Michael L. Silberstein	Registration Number, if PAC				
Street Address 1088 Fountain Lane, Apt. F	Employer/Occupation/Labor Organization*		M 3 2 6 0 5 Amount \$150.00		
City	Stal te	Zip Code	Form (Cash, Check, etc.)		
Čolumbus	OH	43213	check		
Full Name of Contributor Committee to Elect Ray Miller			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
17 South High Street			0 4 0 6 0 5 \$250.00		
City	Stal te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH.	43215	check		

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

Page Total \$ 1,050.00

^{*} 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)]