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

Event Date May 19, 2005	
Page	

Prescribed by Secretary of State 03/0

Name of Committee in Full  Keyin L. Boyce For Columbus C.	ity Council Committ	ee		
Kevin L. Boyce For Columbus City Council Committee			Registration Number, if PAC	
Eric Carmichael			, and a second s	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
1299 Brookwood Place			0 6 1 0 0 5 100.00	
Calumbus	Sta te	Zip Code 43209	Form (Cash, Check, etc.)	
Columbus	ОН	43209	Check Registration Number, if PAC	
Full Name of Contributor Oyango A. Snell			Registration Number, 11 FAC	
Street Address	Employar/Ossun	ation/Labor Organization*	M D Y Amount	
1681 Carstare Drive	Employer/Occup	ation/Labor Organization	0 6 1 0 0 5 100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43227	cash	
Full Name of Contributor			Registration Number, if PAC	
Amy E. Greer				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
254 Buttles Ave. Apt. 2			0 6 1 0 0 5 100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	ОН	43215	check	
Full Name of Contributor			Registration Number, if PAC	
Laurel A. Beatty				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount 100.00	
268 E. Gates Street	State	Zip Code	0 6 1 0 0 5 100.00 Form (Cash, Check, etc.)	
City Columbus	Stal te OH	43206	check	
Full Name of Contributor	J OH	43200	Registration Number, if PAC	
Mysheika R. Lemaile-Williams			Acquisition (Mando), 11 110	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
324 Hanford Street			0 6 1 0 0 5 100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43206		
Full Name of Contributor Anthony Jay Dascenzo			Registration Number, if PAC	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
1012 Hunter Ave.			0 6 1 0 0 5 1 100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43201	check	
Full Name of Contributor Judith T. Politi			Registration Number, if PAC	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
1077 Bruck Street			0 6 1 0 0 5 100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43206	tor in self employed the occupation and the name of	
* D	OO to statewide and Congrel As	nambly condidates. If contribi	itor 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 No. 31-E" and list the date of the event in the date column

iotai coni	ributions this event
	\$0.00

Total expenditures this event.

	l
\$0	.00

<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)]