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

Event Date	May 19, 2005	-
Page		

Prescribed by Secretary of State 03/0

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Name of Committee in Full	Council Committ	00			
Kevin L. Boyce For Columbus City C	Journal Committ	ee	I Beside See Number 16794.0		
Full Name of Contributor Lauire C. McEnery	Registration Number, if PAC				
Street Address	E 1 /0		M D Y Amount		
397 Pingree Drive	Employer/Occupation/Labor Organization*		0 6 1 0 0 5 100.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Worthington	OH	43085	check		
Full Name of Contributor	1 0		Registration Number, if PAC		
Bricker & Eckler PAC			PAC #OH 821		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
100 Third Street	Zimpo, or overprine a second second		0 6 1 0 0 5 500.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	cash		
Full Name of Contributor			Registration Number, if PAC		
Nationwide Better Citizens Fund					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
One Nationwide Plaza			0 6 1 0 0 5 1,000.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor			Registration Number, if PAC		
Robert Hutchins					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
411 E. Town Street	Attorney		0 6 1 0 0 5 100.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor Wiles Boyle Burkholder & Bringardner			Registration Number, if PAC		
Street Address 115 West Main Street	Employer/Occupation/Labor Organization*		0 6 1 0 0 5 Amount 500.00		
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor Dawn R. Tyler			Registration Number, if PAC		
Street Address	Employer/Occur	ation/Labor Organization*	M D Y Amount		
2574 Dover Road	ver Road Employer/Occupation/Labor Organization*		0 6 1 0 0 5 200.00		
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43209	check		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
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Fill in the boxes below only on the last page for this event.

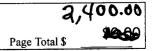
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Lotai	contrib	utions	tnis	event	

\$0.00

Total expenditures this event.

\$0.00



^{*} 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)]