Event Date March 30, 2005	
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## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

			<b></b>
Name of Committee in Full  Kevin L. Boyce For Columbus City Co	ouncil Committe	ee	
Full Name of Contributor	Registration Number, if PAC		
Calfee, Halter/Green	FEC #C00351635		
Street Address 800 Superior Avenue, Suite 1400	Employer/Occupation/Labor Organization*		0 4 3 0 0 5 Amount 150.00
City Cleveland	Sta te OH	Zip Code 44114	Form (Cash, Check, etc.) Check
Full Name of Contributor	UI I	, , , , ,	Registration Number, if PAC
Thomas C. Green	The state of the s		
Street Address	Employer/Occups	ation/Labor Organization*	M D Y Amount
21 E. State Street	. , ,		0 4 3 0 0 5 150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Michael A. Maria	Registration Number, if PAC		
Street Address 432 fairlawn Drive	Employer/Occupation/Labor Organization*		0 4 3 0 0 5 Amount 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43214	check
Full Name of Contributor  Donald B. Shackelford	Registration Number, if PAC		
Street Address 21 E. State Street	Employer/Occupation/Labor Organization*		M D Y Amount 5,000.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Gayle Saunders	Registration Number, if PAC		
Street Address 2788 Floribunda Drive	Employer/Occupation/Labor Organization*		0 4 3 0 0 5 Amount 100.00
<sup>City</sup> Columbus	Stal te OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Ty D. Marsh			Registration Number, if PAC
Street Address 190 Rustic Place	Employer/Occupation/Labor Organization*		0 4 3 0 0 5 Amount 150.00
<sup>City</sup> Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check
Full Name of Contributor Stewart Smith	Registration Number, if PAC		
Street Address 1638 Minturn Drive	Employer/Occupation/Labor Organization*		0 4 3 0 0 5 Amount 150.00
<sup>City</sup> New Albany	Starte OH	Zip Code 43054	Form (Cash, Check, etc.) Check

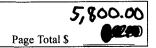
Fill in the boxes below only on the last page for this event.

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

\$0.00

Total expenditures this event.

\$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)]