

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

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FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Kevin L. Boyce for Columbus City Council Committee</b>						Registration Number, if PAC							
Full Name of Candidate <b>Kevin L. Boyce</b>													
Street Address <b>250 West Street</b>						Office Sought <b>City Council</b>			District				
City <b>Columbus</b>						State <b>OH</b>		Zip Code <b>43215</b>					
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year			
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual			
Amended Report?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Report Electronically Filed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Date of Election		0	<sup>M</sup> 5	0	<sup>D</sup> 3	0	<sup>Y</sup> 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	6,470	96
2. Total monetary contributions (From Form No. 31-A)	\$	14,680	00
3. Total other income (From Form No. 31-A-2)	\$	21,150	96
4. Total funds available (sum of lines 1, 2, 3)	\$	\$0	00
5. Total monetary expenditures (From Form No. 31-B)	\$	10,704	80
6. Balance on hand (line 4 minus line 5)	\$	10,445	26
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0	00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0	00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0	00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0	00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0	00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0	00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

**Aaron L. Granger**  
Print Name and Title (Treasurer and Deputy Treasurer only)

*Aaron L. Granger*  
Signature

06/10/2005  
Date

Contribution pages **7**

Expenditure pages **2**

Other pages **0**

Total pages **9**

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Kevin L. Boyce for Columbus City Council Committee</b>						
Full Name of Contributor <b>Donald B. Shackelford</b>					Registration Number, if PAC	
Street Address <b>21 East State Street</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>5</b>	Y <b>0205</b>
						Amount <b>2,500</b>
Full Name of Contributor <b>Thekla R. Shackelford</b>					Registration Number, if PAC	
Street Address <b>21 East State Street</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>5</b>	Y <b>0205</b>
						Amount <b>2,500</b>
Full Name of Contributor <b>Gayle Saunders</b>					Registration Number, if PAC	
Street Address <b>2788 Floribunda Drive</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>5</b>	Y <b>0205</b>
						Amount <b>100</b>
Full Name of Contributor <b>Ty Marsh</b>					Registration Number, if PAC	
Street Address <b>190 Rustic Place</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>	M <b>0</b>	D <b>5</b>	Y <b>0205</b>
						Amount <b>150</b>
Full Name of Contributor <b>Stewart Smith</b>					Registration Number, if PAC	
Street Address <b>1638 Minturn Drive</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>New Albany</b>		State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>5</b>	Y <b>0205</b>
						Amount <b>150</b>
Full Name of Contributor <b>M/I Homes PAC</b>					Registration Number, if PAC <b>CP1203</b>	
Street Address <b>3 Easton Oval, Suite 500</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>	M <b>0</b>	D <b>5</b>	Y <b>0205</b>
						Amount <b>500</b>
Full Name of Contributor <b>Robert J. (Skip) Weiler, Jr.</b>					Registration Number, if PAC	
Street Address <b>41 South High Street, Suite 2200</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>5</b>	Y <b>0205</b>
						Amount <b>100</b>
Full Name of Contributor <b>Graphic T's, Inc.</b>					Registration Number, if PAC	
Street Address <b>532R Main Street P.O. Box 248</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>check</b>	
City <b>Groveport</b>		State <b>OH</b>	Zip Code <b>43125</b>	M <b>0</b>	D <b>6</b>	Y <b>1005</b>
						Amount <b>250</b>

\* 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Kevin L. Boyce for Columbus City Council Committee</b>											
Full Name of Contributor <b>Marlene Lynn</b>						Registration Number, if PAC					
Street Address <b>7725 Kelvinway Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>				
City <b>Worthington</b>		State <b>OH</b>	Zip Code <b>43085</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>20</b>
Full Name of Contributor <b>John P. Carney</b>						Registration Number, if PAC					
Street Address <b>357 E. Torrence Rd.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>100</b>
Full Name of Contributor <b>Rafe Lewis</b>						Registration Number, if PAC					
Street Address <b>P.O. Box 10149</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43201</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>25</b>
Full Name of Contributor <b>Committee For Cindy Lazarus</b>						Registration Number, if PAC					
Street Address <b>404 South Chesterfield</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>300</b>
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Y	Amount	
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>				
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Y	Amount	
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Y	Amount	
Full Name of Contributor						Registration Number, if PAC					
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Y	Amount	

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full											
Full Name of Contributor <b>William D. Faith</b>							Registration Number, if PAC				
Street Address <b>340 Clinton Heights Ave.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43202</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>150</b>
Full Name of Contributor <b>Douglas G. McMarlin</b>							Registration Number, if PAC				
Street Address <b>386 Eastmoor Blvd.</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>250</b>
Full Name of Contributor <b>Jo Anne St. Clair</b>							Registration Number, if PAC				
Street Address <b>209 Olentangy Street</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43202</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>35</b>
Full Name of Contributor <b>Greta J. Russell</b>							Registration Number, if PAC				
Street Address <b>674 Bellamy Place</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43213</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>100</b>
Full Name of Contributor <b>Adam Flatto</b>							Registration Number, if PAC				
Street Address <b>136 E. 64th Street, Apt. #8-E</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City <b>New York</b>		State <b>NY</b>	Zip Code <b>10021</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>2,000</b>
Full Name of Contributor <b>Central Ohio Realtors</b>							Registration Number, if PAC				
Street Address <b>2700 Airport Drive</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43219</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>5</b>	Amount <b>1,000</b>
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Y	Amount	
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Y	Amount	

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

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Kevin L. Boyce For Columbus City Council Committee							
Full Name of Contributor				Registration Number, if PAC			
Michael McCord							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
786 South Front Street				0	6	1005	100
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	42315	cash			
Full Name of Contributor				Registration Number, if PAC			
Janelle N. Simmons							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2686 Bloom Drive				0	6	1005	100
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43219	check			
Full Name of Contributor				Registration Number, if PAC			
Yvette Austin-Palmer							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5723 Willowcreek Cir.				0	6	1005	200
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	42313	check			
Full Name of Contributor				Registration Number, if PAC			
David Wiles							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7615 Sarah Lee				0	6	1005	250
City		State	Zip Code	Form (Cash, Check, etc.)			
Concord Township		OH	44077	check			
Full Name of Contributor				Registration Number, if PAC			
Christie Angel							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
600 South Grant Ave				0	6	1005	100
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43206	check			
Full Name of Contributor				Registration Number, if PAC			
Derrick R. Clay							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7717 Early Measows Road				0	6	1005	100
City		State	Zip Code	Form (Cash, Check, etc.)			
Westerville		OH	43082	check			
Full Name of Contributor				Registration Number, if PAC			
Rachel M. Milella							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
413 Reinhard Ave.				0	6	1005	100
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43206	check			

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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

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 950