

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

05 APR 21 PM 2:19

| | | | | | | | |
|---|--|---|--|---------------------------------------|--------------------------|--|----------------|
| Full Name of Committee Kevin L. Boyce For Columbus City Council Committee | | | | | | Registration Number, if PAC 11-123456789 | |
| Full Name of Candidate Kevin L. Boyce | | | | | | | |
| Street Address 250 West Street | | | | Office Sought City Council | | District | |
| City Columbus | | | | State OH | Zip Code 43215 | | |
| Type of Report (place X to the left of report type) | <input checked="" type="checkbox"/> Pre-Primary | <input type="checkbox"/> Post-Primary | <input type="checkbox"/> Pre-General | <input type="checkbox"/> Post-General | Annual Year | | |
| | <input type="checkbox"/> July Monthly | <input type="checkbox"/> August Monthly | <input type="checkbox"/> September Monthly | <input type="checkbox"/> Termination | 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 ^M | 5 ^D | 0 ^Y |
| | | | | | 0 | 3 | 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 | \$ | \$5,299.85 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | \$45,685.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | \$0.00 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | \$50,984.85 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | \$10,295.47 |
| 6. Balance on hand (line 4 minus line 5) | \$ | \$40,689.38 |
| 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, Tres.

Aaron L. Granger

04/21/2005

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 24

Expenditure pages 4

Other pages 6

Total pages 34

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | | |
|--|--|--------------------|---|---------------|---------------|--|--|---------------|---------------|-----------------------------|
| Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee | | | | | | | | | | |
| Full Name of Contributor Nationwide Better Citizen Fund | | | | | | Registration Number, if PAC OH259 | | | | |
| Street Address One Nationwide Plaza | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | |
| City Columbus | | State OH | Zip Code 43215 | M 0 | D 1 | Y 2 | Y 7 | Y 0 | Y 5 | Amount \$250.00 |
| Full Name of Contributor Adam Flatto | | | | | | Registration Number, if PAC | | | | |
| Street Address 136 E. 64th Street, Apt. #8-E | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | |
| City New York | | State NY | Zip Code 10021 | M 0 | D 1 | Y 2 | Y 7 | Y 0 | Y 5 | Amount \$1,000.00 |
| Full Name of Contributor Omni Management Group, LTD | | | | | | Registration Number, if PAC | | | | |
| Street Address 3433 Agler Road, Suite 2000 | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | |
| City Columbus | | State OH | Zip Code 43219 | M 0 | D 1 | Y 2 | Y 7 | Y 0 | Y 5 | Amount \$150.00 |
| Full Name of Contributor Frank J. Cipriano | | | | | | Registration Number, if PAC | | | | |
| Street Address 39 E. Whittier St. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | |
| City Columbus | | State OH | Zip Code 43206 | M 0 | D 1 | Y 2 | Y 7 | Y 0 | Y 5 | Amount \$1,000.00 |
| Full Name of Contributor Nisource Inc. PAC | | | | | | Registration Number, if PAC FEC #C00051979 | | | | |
| Street Address 200 Civic Center Drive | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | |
| City Columbus | | State OH | Zip Code 43215 | M 0 | D 1 | Y 2 | Y 7 | Y 0 | Y 5 | Amount \$1,000.00 |
| Full Name of Contributor Daniel Helmick | | | | | | Registration Number, if PAC | | | | |
| Street Address 250 West Street | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | |
| City Columbus | | State OH | Zip Code 43215 | M 0 | D 1 | Y 3 | Y 1 | Y 0 | Y 5 | Amount \$250.00 |
| Full Name of Contributor J. P. Morgan Chase & Co. PAC | | | | | | Registration Number, if PAC FEC #C00128512 | | | | |
| Street Address 270 Park Ave. | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | |
| City New York | | State NY | Zip Code 10017 | M 0 | D 3 | Y 0 | Y 7 | Y 0 | Y 5 | Amount \$250.00 |
| Full Name of Contributor Crabbe Brown & James | | | | | | Registration Number, if PAC | | | | |
| Street Address 500 South Front Street, Suite 1200 | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) check | | | |
| City Columbus | | State OH | Zip Code 43215 | M 0 | D 3 | Y 0 | Y 7 | Y 0 | Y 5 | Amount \$1,000.00 |

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | |
|---|--|--------------------|--------------------------|---|---------------|---------------|---|----------------|-----------------------------|
| Name of Committee in Full | | | | | | | | | |
| Full Name of Contributor Vorys Sater Seymour and Pease LLP | | | | | | | Registration Number, if PAC | | |
| Street Address 52 East Gay Street | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | | State OH | Zip Code 43215 | | M 0 | D 3 | Y 07 | Y 05 | Amount \$500.00 |
| Full Name of Contributor Ronald A. Pizzuti | | | | | | | Registration Number, if PAC | | |
| Street Address Two Miranova Place, Suite 800 | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | | State OH | Zip Code 43215 | | M 0 | D 3 | Y 07 | Y 05 | Amount \$1,000.00 |
| Full Name of Contributor The Huntington Bancshares Incorporated PAC | | | | | | | Registration Number, if PAC C00165589 | | |
| Street Address 41 South High Street | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | | State OH | Zip Code 43215 | | M 0 | D 3 | Y 07 | Y 05 | Amount \$1,000.00 |
| Full Name of Contributor Chester Willcox & Saxbe | | | | | | | Registration Number, if PAC #OH843 | | |
| Street Address 65 East State Street, Suite 1000 | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | | State OH | Zip Code 43215 | | M 0 | D 3 | Y 07 | Y 05 | Amount \$500.00 |
| Full Name of Contributor The Columbus Group | | | | | | | Registration Number, if PAC OH1112 | | |
| Street Address 500 South Front Street | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | | State OH | Zip Code 43215 | | M 0 | D 3 | Y 07 | Y 05 | Amount \$1,000.00 |
| Full Name of Contributor Bricker & Eckler LLP | | | | | | | Registration Number, if PAC #OH821 | | |
| Street Address 100 South Third Street | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Columbus | | State OH | Zip Code 43215 | | M 0 | D 3 | Y 07 | Y 05 | Amount \$500.00 |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | | State OH | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | | State OH | Zip Code | | M | D | Y | Amount | |

* 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 Kevin L. Boyce For Columbus City Council Committee | | | | | | | | | | | |
| Full Name of Contributor Contributions from Form 31-E | | | | | | | Registration Number, if PAC | | | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | | |
| City | | State OH | Zip Code | | M 0 | D 3 | Y 3 | Y 0 | Y 0 | Y 5 | Amount \$14,560.00 |
| Full Name of Contributor Contributions from Form 31-E | | | | | | | Registration Number, if PAC | | | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | | |
| City | | State OH | Zip Code | | M 0 | D 3 | Y 2 | Y 2 | Y 0 | Y 5 | Amount \$4,000.00 |
| Full Name of Contributor Contributions from Form 31-E | | | | | | | Registration Number, if PAC | | | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | | |
| City | | State OH | Zip Code | | M 0 | D 4 | Y 0 | Y 6 | Y 0 | Y 5 | Amount \$1,925.00 |
| Full Name of Contributor Contributions from Form 31-E | | | | | | | Registration Number, if PAC | | | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | | |
| City | | State OH | Zip Code | | M 0 | D 4 | Y 1 | Y 2 | Y 0 | Y 5 | Amount \$15,800.00 |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | | |
| City | | State OH | Zip Code | | M | D | Y | Y | Y | Y | Amount |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | | |
| City | | State OH | Zip Code | | M | D | Y | Y | Y | Y | Amount |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | | |
| City | | State OH | Zip Code | | M | D | Y | Y | Y | Y | Amount |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | | | | |
| Street Address | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | | |
| City | | State OH | Zip Code | | M | D | Y | Y | Y | Y | Amount |

* 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 at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | Registration Number, if PAC | |
|---|---|------------------------------------|-----------------------------------|
| Kevin L. Boyce For Columbus City Council Committee | | | |
| Full Name of Contributor Friends of Peter Lawson Jones | | Registration Number, if PAC | |
| Street Address 21750 Shaker Boulevard | Employer/Occupation/Labor Organization* | M D Y 0 3 2 6 0 5 | Amount \$150.00 |
| City Shaker Heights | State OH | Zip Code 44122 | Form (Cash, Check, etc.) check |
| Full Name of Contributor George J. Sicaras | | Registration Number, if PAC | |
| Street Address 2460 North High Street | | Registration Number, if PAC | |
| Street Address 2460 North High Street | Employer/Occupation/Labor Organization* | M D Y 0 3 2 6 0 5 | Amount \$150.00 |
| City Columbus | State OH | Zip Code 43202 | Form (Cash, Check, etc.) check |
| Full Name of Contributor William P. Demora | | Registration Number, if PAC | |
| Street Address 100 Warren Street | | Registration Number, if PAC | |
| Street Address 100 Warren Street | Employer/Occupation/Labor Organization* | M D Y 0 3 2 6 0 5 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) check |
| Full Name of Contributor Stephanie R. Barnett | | Registration Number, if PAC | |
| Street Address 1325 Haddon Road | | Registration Number, if PAC | |
| Street Address 1325 Haddon Road | Employer/Occupation/Labor Organization* | M D Y 0 3 2 6 0 5 | Amount \$150.00 |
| City Columbus | State OH | Zip Code 43209 | Form (Cash, Check, etc.) check |
| Full Name of Contributor Ted Barrows | | Registration Number, if PAC | |
| Street Address 4834 Sarasota Drive | | Registration Number, if PAC | |
| Street Address 4834 Sarasota Drive | Employer/Occupation/Labor Organization* | M D Y 0 3 2 6 0 5 | Amount \$150.00 |
| City Hilliard | State OH | Zip Code 43026 | Form (Cash, Check, etc.) check |
| Full Name of Contributor Michael L. Silberstein | | Registration Number, if PAC | |
| Street Address 1088 Fountain Lane, Apt. F | | Registration Number, if PAC | |
| Street Address 1088 Fountain Lane, Apt. F | Employer/Occupation/Labor Organization* | M D Y 0 3 2 6 0 5 | Amount \$150.00 |
| City Columbus | State OH | Zip Code 43213 | Form (Cash, Check, etc.) check |
| Full Name of Contributor Committee to Elect Ray Miller | | Registration Number, if PAC | |
| Street Address 17 South High Street | | Registration Number, if PAC | |
| Street Address 17 South High Street | Employer/Occupation/Labor Organization* | M D Y 0 4 0 6 0 5 | Amount \$250.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) 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 \$ 1,050.00