

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

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| | | | | | | | | | | | | |
|---|---|-----------------------------|------------------------------|---|-----------------------------|--|--------------------------|----------------|--------------------------|----------------|---|----------------|
| Full Name of Committee Kevin L. Boyce for Columbus City Council Committee | | | | | | Registration Number, if PAC BOARD OF ELECTIONS | | | | | | |
| 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 | <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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Report Electronically Filed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Date of Election | 0 | ^M 5 | 0 | ^D 3 | 0 | ^Y 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 | \$ | \$40,689 | 38 | |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | \$2,600 | 00 | ✓ |
| 3. Total other income (From Form No. 31-A-2) | \$ | \$0 | 00 | |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | \$43,289 | 38 | |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | \$36,818 | 42 | ✓ |
| 6. Balance on hand (line 4 minus line 5) | \$ | \$6,470 | 96 | |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | \$189 | 67 | ✓ |
| 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 _____ *Aaron L. Granger* _____ 04/28/2005
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

| | | | |
|-----------------------------|----------------------------|----------------------|----------------------|
| Contribution pages 3 | Expenditure pages 2 | Other pages 1 | Total pages 6 |
|-----------------------------|----------------------------|----------------------|----------------------|

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 Calfee, Halter/Green Fund for Good Government | | | Registration Number, if PAC FEC #C00351635 | | |
| Street Address 800 Superior Ave., Suite 1400 | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 5 0 5 | Amount \$150.00 |
| City Cleveland | | State OH | Zip Code 44114 | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Thomas C. Green | | | Registration Number, if PAC | | |
| Street Address 21 East State Street | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 5 0 5 | Amount \$150.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Michael C. Mercurio | | | Registration Number, if PAC | | |
| Street Address 432 Fairlawn Drive | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 5 0 5 | Amount \$100.00 |
| City Columbus | | State OH | Zip Code 43214 | Form (Cash, Check, etc.) check | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | |
| Full Name of Contributor | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | |

* 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)]

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 \$ **\$400.00** ✓

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 Elizabeth M. Stanton | | | | Registration Number, if PAC | |
| Street Address 1937 Beverly Road | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 5 0 5 | Amount \$50.00 |
| City Columbus | | State OH | Zip Code 43221 | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Bobby Singh | | | | Registration Number, if PAC | |
| Street Address 7042 Cunningham Drive | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 5 0 5 | Amount \$50.00 |
| City New Albany | | State OH | Zip Code 43054 | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Connor Behal LLP | | | | Registration Number, if PAC | |
| Street Address 501 South High Street | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 5 0 5 | Amount \$100.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) check | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | |

* 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)]

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

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ **\$200.00** ✓

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 Michael J. DeAscentis II | | | | Registration Number, if PAC | |
| Street Address P.O. Box 563 | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 5 0 5 | Amount \$500.00 |
| City New Albany | | State OH | Zip Code 43054 | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Robert E. Yoakam, Jr. | | | | Registration Number, if PAC | |
| Street Address 6345 Taggart Road | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 5 0 5 | Amount \$500.00 |
| City Delaware | | State OH | Zip Code 43015 | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Timothy R. Foley | | | | Registration Number, if PAC | |
| Street Address 635 Brookedge Blvd. | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 5 0 5 | Amount \$500.00 |
| City Westerville | | State OH | Zip Code 43081 | Form (Cash, Check, etc.) check | |
| Full Name of Contributor Silber Drive Partners | | | | Registration Number, if PAC | |
| Street Address 150 East Broad Street | | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 5 0 5 | Amount \$500.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) check | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | M D Y | Amount |
| City | | State OH | Zip Code | Form (Cash, Check, etc.) | |

* 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)]

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 \$ **\$2,000.00** ✓

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | | | | | |
|--|--|-------|-----------------|--|--------------|---|---|---|--------|---|---|------------|
| Kevin L. Boyce for Columbus City Council | | | | | | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Cingular Wireless | | | | | | 0 | 4 | 1 | 4 | 0 | 5 | \$80.00 |
| Address | | | Purpose | | | | | | | | | |
| P.O. Box 6416 | | | Office | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Caroll Stream | | IL | 60197 | | 1235 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Steven Hightower | | | | | | 0 | 4 | 1 | 5 | 0 | 5 | \$1,000.00 |
| Address | | | Purpose | | | | | | | | | |
| 258 E. Lane Ave. | | | Consulting Fees | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Columbus | | OH | 43201 | | 1236 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| U.S. Postmaster | | | | | | 0 | 4 | 1 | 5 | 0 | 5 | \$129.50 |
| Address | | | Purpose | | | | | | | | | |
| 850 Twin Rivers Drive | | | Postage | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Columbus | | OH | 43215 | | 1237 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Ohio Democratic Party | | | | | | 0 | 4 | 2 | 5 | 0 | 5 | \$9,000.00 |
| Address | | | Purpose | | | | | | | | | |
| 271 East State Street | | | Mailing | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Columbus | | OH | 43215 | | 1238 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Columbus Post | | | | | | 0 | 4 | 2 | 5 | 0 | 5 | \$767.70 |
| Address | | | Purpose | | | | | | | | | |
| 172 East State Street | | | Media Ad | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Columbus | | OH | 43215 | | 1239 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| The Communicator | | | | | | 0 | 4 | 2 | 5 | 0 | 5 | \$825.00 |
| Address | | | Purpose | | | | | | | | | |
| P.O. Box 1232 | | | Media Ad | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Worthington | | OH | 43085 | | 1240 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| Call & Post | | | | | | 0 | 4 | 2 | 5 | 0 | 5 | \$875.22 |
| Address | | | Purpose | | | | | | | | | |
| 109 Hamilton Ave. | | | Media Ad | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Westerville | | OH | 43081 | | 1241 | | | | | | | |
| To Whom Paid | | | | | | M | D | Y | Amount | | | |
| WBNS TV | | | | | | 0 | 4 | 2 | 5 | 0 | 5 | \$9,625.25 |
| Address | | | Purpose | | | | | | | | | |
| 770 Twin Rivers Drive | | | Media Ad | | | | | | | | | |
| City | | State | Zip Code | | Check Number | | | | | | | |
| Columbus | | OH | 43215 | | 1242 | | | | | | | |