

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full A. Troy Miller for Columbus							
Full Name of Contributor Manasseh Miller					Registration Number, if PAC		
Street Address 5920 Aqua Bay Dr.		Employer/Occupation/Labor Organization* Honda		M 1	D 0	Y 1	Amount 100.00
City Columbus	State O	H H	Zip Code 43235	Form(Cash,Check,etc) check			
Full Name of Contributor Barbara Brown					Registration Number, if PAC		
Street Address 5821 Bastille Pl.		Employer/Occupation/Labor Organization* Christo Rey		M 1	D 0	Y 1	Amount 25.00
City Columbus	State O	H H	Zip Code 43213	Form(Cash,Check,etc) check			
Full Name of Contributor Linda S. Cook					Registration Number, if PAC		
Street Address 7381 Sand Spurrey Ct.		Employer/Occupation/Labor Organization* retired		M 1	D 0	Y 1	Amount 100.00
City Westerville	State O	H H	Zip Code 43082	Form(Cash,Check,etc) check			
Full Name of Contributor Tracy Lockhart					Registration Number, if PAC		
Street Address 1437 Wayland Dr.		Employer/Occupation/Labor Organization* DDPS		M 1	D 0	Y 1	Amount 25.00
City Columbus	State O	H H	Zip Code 43207	Form(Cash,Check,etc) check			
Full Name of Contributor Ted Ford					Registration Number, if PAC		
Street Address 1093 Blue Heron Dr.		Employer/Occupation/Labor Organization* TechColumbus		M 1	D 0	Y 1	Amount 100.00
City Westerville	State O	H H	Zip Code 43082	Form(Cash,Check,etc) check			
Full Name of Contributor Barbara Otey					Registration Number, if PAC		
Street Address 5631 Fox Chase Trail		Employer/Occupation/Labor Organization* Ohio Health		M 1	D 0	Y 1	Amount 150.00
City Galena	State O	H H	Zip Code 43021	Form(Cash,Check,etc) check			
Full Name of Contributor Susan Rising					Registration Number, if PAC		
Street Address 971 Kilbourne Dr.		Employer/Occupation/Labor Organization* IT		M 1	D 0	Y 1	Amount 20.00
City Worthington	State O	H H	Zip Code 43085	Form(Cash,Check,etc) cash			

* 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 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

Page Total \$ 520.00