

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full A. Troy Miller for Columbus							
Full Name of Contributor Nationwide Better Citizens					Registration Number, if PAC OH259		
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization* Nationwide Insurance			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 9	Y 0 9	Amount 500.00	
Full Name of Contributor Otto Beatty Jr.					Registration Number, if PAC		
Street Address 233 S. High St. Suite 300		Employer/Occupation/Labor Organization* attorney			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 9	Y 0 9	Amount 100.00	
Full Name of Contributor AFSCME Ohio Council 8					Registration Number, if PAC LA1273		
Street Address 6800 N. High St.		Employer/Occupation/Labor Organization* AFL-CIO			Form (Cash, Check, etc.) check		
City Worthington	State O H	Zip Code 43085	M 1 0	D 2 9	Y 0 9	Amount 500.00	
Full Name of Contributor Thomas S. Diamond					Registration Number, if PAC		
Street Address 2811 Kensington Place East		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43202	M 1 0	D 2 9	Y 0 9	Amount 50.00	
Full Name of Contributor Peter D. Benkowski					Registration Number, if PAC		
Street Address 2780 Kensington Place East		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43202	M 1 1	D 0 2	Y 0 9	Amount 100.00	
Full Name of Contributor JP Morgan Chase & Co.					Registration Number, if PAC C00128512		
Street Address 10 S. Dearborn St.		Employer/Occupation/Labor Organization* bank			Form (Cash, Check, etc.) check		
City Chicago	State I L	Zip Code 60603	M 1 0	D 2 9	Y 0 9	Amount 1,000.00	
Full Name of Contributor Peter Cass					Registration Number, if PAC		
Street Address 305 Olentangy St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43202	M 1 0	D 2 9	Y 0 9	Amount 100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 2,350.00