

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full A. Troy Miller for Columbus									
To Whom Paid Club 185						M 0 9	D 2 2	Y 0 9	Amount 111.30
Address 185 E. Livingston Ave.			Purpose food						
City Columbus			State O H	Zip Code 43215		Check Number 1015			
To Whom Paid Barbara Hackman						M 0 9	D 3 0	Y 0 9	Amount 154.00
Address 2844 Bryden Rd.			Purpose postage						
City Columbus			State O H	Zip Code 43209		Check Number 1016			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code		Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.