

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full A. Troy Miller for Columbus									
To Whom Paid Expenditures from Form No. 31-F						M 0 6	D 2 5	Y 0 9	Amount \$395.04
Address			Purpose FR						
City			State OH	Zip Code		Check Number			
To Whom Paid Expenditures from Form No. 31-F						M 0 8	D 2 7	Y 0 9	Amount \$95.04
Address			Purpose FR						
City			State OH	Zip Code		Check Number			
To Whom Paid Expenditures from Form No. 31-F						M 0 9	D 2 2	Y 0 9	Amount \$265.30
Address			Purpose FR						
City			State OH	Zip Code		Check Number			
To Whom Paid Expenditures from Form No. 31-F						M 1 0	D 0 1	Y 0 9	Amount \$136.14
Address			Purpose FR						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH	Zip Code		Check Number			