

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 Carol C. Fleming | | | | | Registration Number, if PAC | | |
| Street Address 3970 Mountview Rd. | | Employer/Occupation/Labor Organization* IT Solutions | | M 1 | D 0 | Y 0 | Amount 15.00 |
| City Columbus | State O | H H | Zip Code 43220 | Form(Cash,Check,etc) check | | | |
| Full Name of Contributor Michelle Mills | | | | | Registration Number, if PAC | | |
| Street Address 2456 Ashpoint St. | | Employer/Occupation/Labor Organization* St. Stephen's Comm Hse | | M 1 | D 0 | Y 0 | Amount 25.00 |
| City Columbus | State O | H H | Zip Code 43219 | Form(Cash,Check,etc) check | | | |
| Full Name of Contributor Leonard Hubert | | | | | Registration Number, if PAC | | |
| Street Address 3808 Columbus Rd. | | Employer/Occupation/Labor Organization* self-employed | | M 1 | D 0 | Y 0 | Amount 100.00 |
| City Granville | State O | H H | Zip Code 43023 | Form(Cash,Check,etc) check | | | |
| Full Name of Contributor Jamie Richardson | | | | | Registration Number, if PAC | | |
| Street Address 600 N. Main St. | | Employer/Occupation/Labor Organization* White Castle | | M 1 | D 0 | Y 0 | Amount 100.00 |
| City Mount Vernon | State O | H H | Zip Code 43050 | Form(Cash,Check,etc) check | | | |
| Full Name of Contributor Michael Eldredge | | | | | Registration Number, if PAC | | |
| Street Address 3839 Baimbridge Mills Dr. | | Employer/Occupation/Labor Organization* Host Solutions | | M 1 | D 0 | Y 0 | Amount 50.00 |
| City Powell | State O | H H | Zip Code 43065 | Form(Cash,Check,etc) check | | | |
| Full Name of Contributor Charles Harringer | | | | | Registration Number, if PAC | | |
| Street Address 4053 Blendon Grove Way | | Employer/Occupation/Labor Organization* computer consultant | | M 1 | D 0 | Y 0 | Amount 30.00 |
| City Gahanna | State O | H H | Zip Code 43230 | Form(Cash,Check,etc) check | | | |
| Full Name of Contributor Fritz Krieger | | | | | Registration Number, if PAC | | |
| Street Address 5444 Stratford Ave. | | Employer/Occupation/Labor Organization* self-employed | | M 1 | D 0 | Y 0 | Amount 250.00 |
| City Powell | State O | H H | Zip Code 43065 | Form(Cash,Check,etc) check | | | |

* 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 \$ 570.00