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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full										
A. Troy Miller										
	ull Name of Contributor Registration Number, if PAC									
Michael L. Silberstein	·									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
1093 Fountain Ln Apt D			yvassaanaanaanaanaanaanaanaanaanaanaanaana			,	check			
City	Stat		Zip Code	М	D	Y	Amount			
Columbus Full Name of Contributor		H	43213	018		0   9		250.00		
	Michael L. Silberstein									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
1093 Fountain Ln Apt D					iganistation parties to the contract of the co		cash			
City	Stat	4	Zip Code	M	D	Y	Amount			
Columbus Full Name of Contributor		H	43213	018	ALTHOUGH STREET, CHARLES OF			10.00		
Il Name of Contributor Registration Number, if PAC										
Mentel for Council										
Street Address	Employer/	ion/Labor Organization*				Form (Cash, Check, etc.)				
3886 N. High Street				***************************************			check			
City	Stat	e	Zip Code	М	D	Y	Amount			
Columbus		H	43214	0 8	2 8	0 9		2,500.00		
Full Name of Contributor Registration Number, if PAC										
Huntington Bancshares Incorporated I	C00165589									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
41 S. High St.	PAC		check							
City	Stat	е	Zip Code	М	D	Y	Amount			
Columbus		1	43215	0 9	2 4	0 9		1,000.00		
Full Name of Contributor				Registra	tion Numl	ber, if PA	C			
Medical Mutual of Ohio CP130										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
2060 Nineth St.							check			
City	Stat	.е	Zip Code	М	D	Y	Amount			
Cleveland	0	H	44115	0 9	1 8	0 9		200.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	С			
Columbus/Central OH Bldg. Trades C	ouncil	Edu	ic Fund							
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							neck, etc.)		
555 E. Rich St.							check			
City	Stat	e	Zip Code	М	D	Υ	Amount	***************************************		
Columbus		1	43215	019	3 0	0 9		1,000.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	C			
Central Ohio Realtors PAC	a de la companya de l				OH146					
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
2700 Airport Dr.	Table space of the				check					
City	Stat	e	Zip Code	М	D	Y	Amount	***************************************		
Columbus	01	H	43219	1110	016	019		1,000.00		
Full Name of Contributor Registration Number, if PAC										
Columbus Apartment Association OH146										
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)			
1225 Dublin Rd.	Social Property Control of the Contr						check			
City	Stat	ie	Zip Code	M	D	Y	Amount	***************************************		
Columbus	01	1	43215	1019	211	019	escape de la company de la com	500.00		
	danamaniinamaanin		la reconstitui de la compania de la	andomicaninosica	alexisionalexis	deminesismism	Secretario de la composición de la comp			

\* 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 \$ 6,460.00