

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full A. Troy Miller							
Full Name of Contributor Michael L. Silberstein					Registration Number, if PAC		
Street Address 1093 Fountain Ln Apt D		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O   H	Zip Code 43213	M 0   8	D 0   5	Y 0   9	Amount 250.00	
Full Name of Contributor Michael L. Silberstein					Registration Number, if PAC		
Street Address 1093 Fountain Ln Apt D		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash	
City Columbus	State O   H	Zip Code 43213	M 0   8	D 0   5	Y 0   9	Amount 10.00	
Full Name of Contributor Mentel for Council					Registration Number, if PAC		
Street Address 3886 N. High Street		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O   H	Zip Code 43214	M 0   8	D 2   8	Y 0   9	Amount 2,500.00	
Full Name of Contributor Huntington Bancshares Incorporated PAC					Registration Number, if PAC C00165589		
Street Address 41 S. High St.		Employer/Occupation/Labor Organization* PAC				Form (Cash, Check, etc.) check	
City Columbus	State O   H	Zip Code 43215	M 0   9	D 2   4	Y 0   9	Amount 1,000.00	
Full Name of Contributor Medical Mutual of Ohio					Registration Number, if PAC CP130		
Street Address 2060 Nineth St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Cleveland	State O   H	Zip Code 44115	M 0   9	D 1   8	Y 0   9	Amount 200.00	
Full Name of Contributor Columbus/Central OH Bldg. Trades Council Educ Fund					Registration Number, if PAC		
Street Address 555 E. Rich St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O   H	Zip Code 43215	M 0   9	D 3   0	Y 0   9	Amount 1,000.00	
Full Name of Contributor Central Ohio Realtors PAC					Registration Number, if PAC OH146		
Street Address 2700 Airport Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O   H	Zip Code 43219	M 1   0	D 0   6	Y 0   9	Amount 1,000.00	
Full Name of Contributor Columbus Apartment Association					Registration Number, if PAC OH146		
Street Address 1225 Dublin Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O   H	Zip Code 43215	M 0   9	D 2   1	Y 0   9	Amount 500.00	

\* 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