

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

|   |   |                          |                                      |                             |                        |
|---|---|--------------------------|--------------------------------------|-----------------------------|------------------------|
| Name of Committee in Full<br><b>A. Troy Miller for Columbus</b> |   |                          |                                      |                             |                        |
| Full Name of Contributor<br><b>Karl Stalter</b>                 |   |                          |                                      | Registration Number, if PAC |                        |
| Street Address<br><b>112 N. High Street</b>                     | Employer/Occupation/Labor Organization*<br><b>retired</b>                   |                          | M<br><b>0</b>                        | D<br><b>8</b>               | Y<br><b>27</b>         |
| City<br><b>Pleasantville</b>                                    | State<br><b>O</b>   | Zip Code<br><b>43148</b> | Form(Cash,Check,etc)<br><b>check</b> |                             | Amount<br><b>50.00</b> |
| Full Name of Contributor<br><b>Larry Blair</b>                  |   |                          |                                      | Registration Number, if PAC |                        |
| Street Address<br><b>5985 Amanda-Northern Rd.</b>               | Employer/Occupation/Labor Organization*<br><b>Video Production Services</b> |                          | M<br><b>0</b>                        | D<br><b>8</b>               | Y<br><b>27</b>         |
| City<br><b>Carroll</b>  | State<br><b>O</b>   | Zip Code<br><b>43112</b> | Form(Cash,Check,etc)<br><b>check</b> |                             | Amount<br><b>25.00</b> |
| Full Name of Contributor<br><b>Patrick Bowen</b>                |   |                          |                                      | Registration Number, if PAC |                        |
| Street Address<br><b>470 Pruden Dr</b>                          | Employer/Occupation/Labor Organization*<br><b>self employed</b>             |                          | M<br><b>0</b>                        | D<br><b>8</b>               | Y<br><b>27</b>         |
| City<br><b>Pickerington</b>                                     | State<br><b>O</b>   | Zip Code<br><b>43147</b> | Form(Cash,Check,etc)<br><b>check</b> |                             | Amount<br><b>20.00</b> |
| Full Name of Contributor<br><b>Grace Cherrington</b>            |   |                          |                                      | Registration Number, if PAC |                        |
| Street Address<br><b>4018 Courter Rd.</b>                       | Employer/Occupation/Labor Organization*<br><b>retired</b>                   |                          | M<br><b>0</b>                        | D<br><b>8</b>               | Y<br><b>27</b>         |
| City<br><b>Pataskala</b>  | State<br><b>O</b>   | Zip Code<br><b>43062</b> | Form(Cash,Check,etc)<br><b>cash</b>  |                             | Amount<br><b>20.00</b> |
| Full Name of Contributor<br><b>Kristi Tavares</b>               |   |                          |                                      | Registration Number, if PAC |                        |
| Street Address<br><b>686 Cherry Hill Dr.</b>                    | Employer/Occupation/Labor Organization*                                     |                          | M<br><b>0</b>                        | D<br><b>8</b>               | Y<br><b>27</b>         |
| City<br><b>Pickerington</b>                                     | State<br><b>O</b>   | Zip Code<br><b>43209</b> | Form(Cash,Check,etc)<br><b>check</b> |                             | Amount<br><b>20.00</b> |
| Full Name of Contributor<br><b>6 people at \$10 each</b>        |   |                          |                                      | Registration Number, if PAC |                        |
| Street Address  | Employer/Occupation/Labor Organization*                                     |                          | M<br><b>0</b>                        | D<br><b>8</b>               | Y<br><b>27</b>         |
| City  | State   | Zip Code                 | Form(Cash,Check,etc)<br><b>cash</b>  |                             | Amount<br><b>60.00</b> |
| Full Name of Contributor<br><b>3 people at \$10 each</b>        |   |                          |                                      | Registration Number, if PAC |                        |
| Street Address  | Employer/Occupation/Labor Organization*                                     |                          | M<br><b>0</b>                        | D<br><b>8</b>               | Y<br><b>27</b>         |
| City  | State   | Zip Code                 | Form(Cash,Check,etc)<br><b>check</b> |                             | Amount<br><b>30.00</b> |

\* 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

**225.00**

Total expenditures this event

**95.04**

Page Total \$ 225.00