

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>A. Troy Miller for Columbus</u>				
Full Name of Contributor <u>Ernest L. Sullivan</u>			Registration Number, if PAC	
Street Address <u>2258 Delavan Dr.</u>	Employer/Occupation/Labor Organization* <u>Sullivan Staffing</u>		M   D   Y <u>0   6   2   6   0   9</u>	Amount <u>100.00</u>
City <u>Columbus</u>	State <u>O   H</u>	Zip Code <u>43219</u>	Form(Cash,Check,etc) <u>check</u>	
Full Name of Contributor <u>Charles P. Unterreiner</u>			Registration Number, if PAC	
Street Address <u>784 Wynstone Dr.</u>	Employer/Occupation/Labor Organization* <u>American Structurepoint</u>		M   D   Y <u>0   6   2   3   0   9</u>	Amount <u>100.00</u>
City <u>Lewis Center</u>	State <u>O   H</u>	Zip Code <u>43035</u>	Form(Cash,Check,etc) <u>check</u>	
Full Name of Contributor <u>Friends of Rick Pfeiffer, Committee</u>			Registration Number, if PAC	
Street Address <u>88 E. Broad St. Suite 1250</u>	Employer/Occupation/Labor Organization* <u>City of Columbus</u>		M   D   Y <u>0   6   2   1   0   9</u>	Amount <u>250.00</u>
City <u>Columbus</u>	State <u>O   H</u>	Zip Code <u>43215</u>	Form(Cash,Check,etc) <u>check</u>	
Full Name of Contributor <u>Hearcel Craig for Council</u>			Registration Number, if PAC	
Street Address <u>550 E. Walnut St.</u>	Employer/Occupation/Labor Organization* <u>City of Columbus</u>		M   D   Y <u>0   6   2   4   0   9</u>	Amount <u>50.00</u>
City <u>Columbus</u>	State <u>O   H</u>	Zip Code <u>43215</u>	Form(Cash,Check,etc) <u>check</u>	
Full Name of Contributor <u>Medical Mutual of Ohio PAC</u>			Registration Number, if PAC <u>CP130</u>	
Street Address <u>2060 E. Nineth St.</u>	Employer/Occupation/Labor Organization*		M   D   Y <u>0   6   2   3   0   9</u>	Amount <u>50.00</u>
City <u>Cleveland</u>	State <u>O   H</u>	Zip Code <u>44115</u>	Form(Cash,Check,etc) <u>check</u>	
Full Name of Contributor <u>Friends for Ginther</u>			Registration Number, if PAC	
Street Address <u>98 Montrose Way</u>	Employer/Occupation/Labor Organization* <u>City of Columbus</u>		M   D   Y <u>0   6   2   5   0   9</u>	Amount <u>1,000.00</u>
City <u>Columbus</u>	State <u>O   H</u>	Zip Code <u>43214</u>	Form(Cash,Check,etc) <u>check</u>	
Full Name of Contributor <u>Robert E. Falcone, M.D.</u>			Registration Number, if PAC	
Street Address <u>150 E. Layfayette St.</u>	Employer/Occupation/Labor Organization* <u>physician</u>		M   D   Y <u>0   6   2   5   0   9</u>	Amount <u>100.00</u>
City <u>Columbus</u>	State <u>O   H</u>	Zip Code <u>43215</u>	Form(Cash,Check,etc) <u>check</u>	

\* 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

4730.00

Total expenditures this event

395.04

Page Total \$ 1,650.00