

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 Russ Goodwin					Registration Number, if PAC		
Street Address 103 E. First Ave.		Employer/Occupation/Labor Organization* sales		M 1	D 0	Y 1	Amount 25.00
City Columbus	State O	Zip Code H 43220	Form(Cash,Check,etc) check				
Full Name of Contributor Karen D. Williams					Registration Number, if PAC		
Street Address 641 Mistletoe Ct.		Employer/Occupation/Labor Organization* Chase Bank		M 1	D 0	Y 1	Amount 50.00
City Gahanna	State O	Zip Code H 43230	Form(Cash,Check,etc) check				
Full Name of Contributor Sanjay Dudaney					Registration Number, if PAC		
Street Address 9425 Cape Wrath Dr.		Employer/Occupation/Labor Organization* Aten Consulting		M 1	D 0	Y 1	Amount 50.00
City Dublin	State O	Zip Code H 43017	Form(Cash,Check,etc) check				
Full Name of Contributor Robert E. Falcone M.D.					Registration Number, if PAC		
Street Address 150 E. Lafayette St.		Employer/Occupation/Labor Organization* physician		M 0	D 9	Y 2	Amount 100.00
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) check				
Full Name of Contributor Michael L. Silberstein					Registration Number, if PAC		
Street Address 1093 Fountain Ln. Apt D		Employer/Occupation/Labor Organization* Northwestern Mutual		M 0	D 9	Y 2	Amount 100.00
City Columbus	State O	Zip Code H 43213	Form(Cash,Check,etc) check				
Full Name of Contributor Scott Zunic					Registration Number, if PAC		
Street Address 5111 Polar Dr.		Employer/Occupation/Labor Organization* Chase Bank		M 0	D 9	Y 3	Amount 50.00
City Lewis Center	State O	Zip Code H 43035	Form(Cash,Check,etc) check				
Full Name of Contributor Adrienne A. Shinn					Registration Number, if PAC		
Street Address 259 Chatham Rd.		Employer/Occupation/Labor Organization* Ohio Health		M 1	D 0	Y 0	Amount 50.00
City Columbus	State O	Zip Code H 43214	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 \$ 425.00