

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 Richard Lehmuth				Registration Number, if PAC	
Street Address 367 E. Broad St. Apt. 301	Employer/Occupation/Labor Organization* Ohio Health		M 1	D 01	Y 09
City Columbus	State O	Zip Code H 43215	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Nancy Rosiello Riggs				Registration Number, if PAC	
Street Address 6233 Storm Haven Court	Employer/Occupation/Labor Organization* Ohio Health		M 1	D 00	Y 09
City Lewis Center	State O	Zip Code H 43035	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Jerome E. Friedman				Registration Number, if PAC	
Street Address 332 Cliffside Dr.	Employer/Occupation/Labor Organization*		M 1	D 00	Y 09
City Columbus	State O	Zip Code H 43202	Form(Cash,Check,etc) check		Amount 250.00
Full Name of Contributor Deborah L. Klie				Registration Number, if PAC	
Street Address 2087 Inchcliff Rd.	Employer/Occupation/Labor Organization*		M 1	D 01	Y 09
City Columbus	State O	Zip Code H 43221	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Kevin E. Walker				Registration Number, if PAC	
Street Address 1468 Mews Ct.	Employer/Occupation/Labor Organization*		M 1	D 00	Y 09
City Columbus	State O	Zip Code H 43212	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ 600.00