31**-F** R.C. 3517.10

Event Date	8 57 09 #######
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
A. Troy Miller for Columbus								
To Whom Paid				M	D	Y	Amount	
Barbara Hackman	0 9 3 0 0 9 95						95.04	
Address	Purpose	urau econocoulation e-con-de				uimmuimmuons		
2844 Bryden Rd.	posta	ge						
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Address	Purpose							
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Address	Purpose	Purpose						
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Fo Whom Paid				М	D	Y	Amount	
Address	Purpose	Purpose						
City	Sta	State Zip Code			Number			
	and the second second second	THE RESERVE OF THE PERSON NAMED IN		ACCORDANGED TO THE PERSON OF T	AND DESCRIPTION OF THE PARTY OF			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	95,04
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