Page <u>1</u>
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			***************************************				
A. Troy Miller for Columbus							
Full Name of Contributor			Registr	ation Nun	ber, if PA	C	
NiSource				C00051979			
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
200 Civic Center Dr.		Columbia Gas				check	
City	State	Zip Code	М	D	Y	Amount	
Columbus		43215	0 9	2		150.00	
Full Name of Contributor					ber, if PA		
Pull Name of Contributor			icegisti	auon ivui	1001, 11 1 7		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
Succe Addices	Lampioyen/Occa	pation rabor Organization				Torm (Cash, Check, Co.)	
City	State	Zip Code	M	D	Y	Amount	
City	State	Zip Code	IVI			Amount	
E IDN			Danista	ation Num	aber, if PA		
Full Name of Contributor			Acgisti	auon ivun	iloci, ii r	.C	
Cl. 4 A J J	Employer/Ossy	pation/Labor Organization*				Form (Cook Cheek etc.)	
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)	
2.	- Cr.	17' · O · 1	1 1	7 5	7 1	A	
City	State	Zip Code	М	D	Y	Amount	
				إ			
Full Name of Contributor			Registr	ation Nun	nber, if PA	.C	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
					<b>.</b>		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registr	ation Nur	nber, if PA	AC .	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
					·		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Nur	nber, if PA	AC	
				~~~			
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registi	ation Nur	nber, if PA	AC	
Street Address	Employer/Occu	pation/Labor Organization*		<u> </u>		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
·							
Full Name of Contributor			Regist	ration Nu	nber, if P	AC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
- · ·		1	1				

	and a second sec
Page Total \$	150.00

<sup>\*</sup> 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)]