

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 NiSource					Registration Number, if PAC C00051979		
Street Address 200 Civic Center Dr.		Employer/Occupation/Labor Organization* Columbia Gas				Form (Cash, Check, etc.) check	
City Columbus	State O	Zip Code H 43215	M 0	D 9	Y 3	Amount 150.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
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City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	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)]