

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 Council					
Full Name of Contributor Michelle Heritage Ward				Registration Number, if PAC	
Street Address 254 S. Cassady Ave.		Employer/Occupation/Labor Organization* 		M D Y 0 6 2 5 0 9	Amount 50.00
City Bexley	State O H	Zip Code 43209		Form(Cash,Check,etc) check	
Full Name of Contributor Rebecca Pearcey				Registration Number, if PAC	
Street Address 120 E. Mound St., Apt. 3		Employer/Occupation/Labor Organization* owner		M D Y 0 6 2 5 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Elliott C. Wallace				Registration Number, if PAC	
Street Address 5294 Amanda Ridge Ct.		Employer/Occupation/Labor Organization* Nationwide Mutual		M D Y 0 6 2 5 0 9	Amount 100.00
City Westerville	State O H	Zip Code 43082		Form(Cash,Check,etc) check	
Full Name of Contributor Patrick M. Bowen				Registration Number, if PAC	
Street Address 470 Pruden Dr.		Employer/Occupation/Labor Organization* VWB Research		M D Y 0 6 2 5 0 9	Amount 50.00
City Pickerington	State O H	Zip Code 43147		Form(Cash,Check,etc) check	
Full Name of Contributor Carl G. Williams				Registration Number, if PAC	
Street Address 5192 Upland Meadows		Employer/Occupation/Labor Organization* City of Columbus		M D Y 0 6 2 5 0 9	Amount 50.00
City Canal Winchester	State O H	Zip Code 43110		Form(Cash,Check,etc) check	
Full Name of Contributor Manasseh A. Miller				Registration Number, if PAC	
Street Address 5920 Aqua Bay Dr.		Employer/Occupation/Labor Organization* Honda		M D Y 0 6 2 5 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc) check	
Full Name of Contributor Kathy Owens				Registration Number, if PAC	
Street Address 2550 Tucker Trail		Employer/Occupation/Labor Organization* City of Columbus		M D Y 0 6 2 5 0 9	Amount 50.00
City Lewis Center	State O H	Zip Code 43035		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 \$ 450.00