

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 New Visions Group, LLC			Registration Number, if PAC	
Street Address 33 N. Third St., Ste. 400	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) check	
Full Name of Contributor Law Offices of Sean A. Mentel LLC			Registration Number, if PAC	
Street Address 175 S. 3rd St. , Ste. 800	Employer/Occupation/Labor Organization* Lawyer		M D Y 0 6 2 5 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) check	
Full Name of Contributor OhioHealth Star Corp PAC			Registration Number, if PAC	
Street Address 180 E. Broad St. 34th Floor	Employer/Occupation/Labor Organization*		M D Y 0 6 2 3 0 9	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) check	
Full Name of Contributor Laborers Int'l Union of North America Local 423 PCE			Registration Number, if PAC	
Street Address 620 Alum Creek Dr.	Employer/Occupation/Labor Organization*		M D Y 0 6 3 0 0 9	Amount 1,000.00
City Columbus	State O H	Zip Code 43205	Form(Cash,Check,etc) check	
Full Name of Contributor Nationwide Better Citizenship FD OH259			Registration Number, if PAC OH259	
Street Address One Nationwide Plaza	Employer/Occupation/Labor Organization* Nationwide Insurance		M D Y 0 6 2 6 0 9	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) check	
Full Name of Contributor Kelli Arthur Hykes			Registration Number, if PAC	
Street Address 2661 Willow Glen Rd.	Employer/Occupation/Labor Organization* City of Columbus		M D Y 0 6 2 5 0 9	Amount 20.00
City Hilliard	State O H	Zip Code 43206	Form(Cash,Check,etc) cash	
Full Name of Contributor Daphanie Miller			Registration Number, if PAC	
Street Address 2620 Northwold Rd.	Employer/Occupation/Labor Organization* Nationwide		M D Y 0 6 2 5 0 9	Amount 10.00
City Columbus	State O H	Zip Code 43231	Form(Cash,Check,etc) cash	

* 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 \$ 2,030.00