

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>A. Troy Miller for Columbus</b>				
Full Name of Contributor <b>Dennis J. Freudeman</b>			Registration Number, if PAC	
Street Address <b>8564 Pennington Ct.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   9   1   0   0   9</b>	Amount <b>100.00</b>
City <b>Powell</b>	State <b>O   H</b>	Zip Code <b>43065</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Nationwide Insurance Better Citizenship Fund PAC</b>			Registration Number, if PAC <b>OH259</b>	
Street Address <b>One Nationwide Plaza 1-32-06</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   9   1   4   0   9</b>	Amount <b>500.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc)	
Full Name of Contributor <b>Christina Howdyshell</b>			Registration Number, if PAC	
Street Address <b>5194 Augusta Dr.</b>	Employer/Occupation/Labor Organization* <b>Xerox</b>		M   D   Y <b>1   0   0   1   0   9</b>	Amount <b>50.00</b>
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43082</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Alan Fields</b>			Registration Number, if PAC	
Street Address <b>870 Old Farm Rd.</b>	Employer/Occupation/Labor Organization* <b>AGS &amp; Assoc</b>		M   D   Y <b>1   0   0   1   0   9</b>	Amount <b>200.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>R.C. Wheelless</b>			Registration Number, if PAC	
Street Address <b>752 N. State St.</b>	Employer/Occupation/Labor Organization* <b>InsightTE Corp.</b>		M   D   Y <b>1   0   0   1   0   9</b>	Amount <b>100.00</b>
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43082</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Ernest L. Sullivan</b>			Registration Number, if PAC	
Street Address <b>2258 Delavan Dr.</b>	Employer/Occupation/Labor Organization* <b>Sullivan Staffing Strategies</b>		M   D   Y <b>1   0   0   1   0   9</b>	Amount <b>200.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43219</b>	Form(Cash,Check,etc) <b>check</b>	
Full Name of Contributor <b>Marilyn Paul</b>			Registration Number, if PAC	
Street Address <b>2601 Floribunda Dr.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   0   1   0   9</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>check</b>	

\* 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

**3315.00**

Total expenditures this event

**136.14**

Page Total \$ **1,200.00**