

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 Columbus					
Full Name of Contributor Citizens Citizens Lori Tyack				Registration Number, if PAC	
Street Address 4080 Chelsea Bridge Ln.	Employer/Occupation/Labor Organization* clerk of courts		M 0	D 9	Y 22
City Gahanna	State O	Zip Code 43230	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor Marilyn Stephens				Registration Number, if PAC	
Street Address 857 S. 5th St.	Employer/Occupation/Labor Organization* clerk of courts office		M 0	D 9	Y 22
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) check		Amount 50.00
Full Name of Contributor NiSource Inc. PAC				Registration Number, if PAC FEC C00051979	
Street Address 200 Civic Center Dr.	Employer/Occupation/Labor Organization* government relations		M 0	D 9	Y 22
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Tobias A. Iloka				Registration Number, if PAC	
Street Address 6677 Spring Run Dr.	Employer/Occupation/Labor Organization* Dynotec		M 0	D 9	Y 22
City Westerville	State O	Zip Code 43082	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Friends for Ginther				Registration Number, if PAC	
Street Address 98 Montrose Way	Employer/Occupation/Labor Organization* city council		M 0	D 9	Y 22
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) check		Amount 100.00
Full Name of Contributor Hearcel Craig for Council				Registration Number, if PAC	
Street Address 550 E. Walnut St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 23
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) check		Amount 250.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		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)]

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

650.00

Total expenditures this event

265.30

Page Total \$ 650.00