31-E
R.C. 3517.10(B)

Event Date 6/25/09
Page 3

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				**Registration Number, if PAC**	
Gregory J. Beswick					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
584 Bradley St.				06 25 09	100.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Columbus	OH	43201		check	
Full Name of Contributor				**Registration Number, if PAC**	
Oyango A. Snell, Esq.					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
15 E. Gay St., Ste. 4A				06 25 09	100.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Columbus	OH	43215		check	
Full Name of Contributor				**Registration Number, if PAC**	
Reuel I. Barksdale					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
9033 Rosem Ct.				06 25 09	50.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Reynoldsburg	OH	43068		check	
Full Name of Contributor				**Registration Number, if PAC**	
Dorcas Hilton					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
6297 Anne Arudal Ln.				06 25 09	50.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Grove City	OH	43123		check	
Full Name of Contributor				**Registration Number, if PAC**	
Jerome E. Friedman					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
332 Cliffside Dr.				06 25 09	150.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Columbus	OH	43202		check	
Full Name of Contributor				**Registration Number, if PAC**	
Evelyn M. Sabino					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
5470 Riverbrook Dr.				06 25 09	100.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Columbus	OH	43221		check	
Full Name of Contributor				**Registration Number, if PAC**	
Citizens Citizens Lori Tyack					
Street Address	**Employer/Occupation/Labor Organization***			**M D Y**	**Amount**
4080 Chelsea Bridge Ln.				06 25 09	50.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Gahanna	OH	43230		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 $ 600.00