

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

09 DEC 11 AM 11:32
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee A. TROY MILLER FOR COLUMBUS						Registration Number, if PAC								
Full Name of Candidate A. Troy miller						FRANKLIN COUNTY BOARD OF ELECTIONS								
Street Address 3389 Stadler Drive						Office Sought City Council				District Columbus				
City Pickerington						State OH		Zip Code 43147						
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input checked="" type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year				
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual				
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		1	M	1	0	D	3	0	Y	9

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$1,006.91
2. Total monetary contributions (From Form No. 31-A)	\$	\$2,350.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$3,356.91
5. Total monetary expenditures (From Form No. 31-B)	\$	\$1,453.89
6. Balance on hand (line 4 minus line 5)	\$	\$1,903.02
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$5,208.67
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$.

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Marlene A. Wirth, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Marlene A. Wirth
Signature

12/10/2009
Date

Contribution pages 1

Expenditure pages 2

Other pages 1

Total pages 4

Statement of Contributions Received

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Name of Committee in Full A. Troy Miller for Columbus						
Full Name of Contributor Nationwide Better Citizens				Registration Number, if PAC OH259		
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization* Nationwide Insurance			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 9	Y 0 9	Amount 500.00
Full Name of Contributor Otto Beatty Jr.				Registration Number, if PAC		
Street Address 233 S. High St. Suite 300		Employer/Occupation/Labor Organization* attorney			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 9	Y 0 9	Amount 100.00
Full Name of Contributor AFSCME Ohio Council 8				Registration Number, if PAC LA1273		
Street Address 6800 N. High St.		Employer/Occupation/Labor Organization* AFL-CIO			Form (Cash, Check, etc.) check	
City Worthington	State O H	Zip Code 43085	M 1 0	D 2 9	Y 0 9	Amount 500.00
Full Name of Contributor Thomas S. Diamond				Registration Number, if PAC		
Street Address 2811 Kensington Place East		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43202	M 1 0	D 2 9	Y 0 9	Amount 50.00
Full Name of Contributor Peter D. Benkowski				Registration Number, if PAC		
Street Address 2780 Kensington Place East		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43202	M 1 1	D 0 2	Y 0 9	Amount 100.00
Full Name of Contributor JP Morgan Chase & Co.				Registration Number, if PAC C00128512		
Street Address 10 S. Dearborn St.		Employer/Occupation/Labor Organization* bank			Form (Cash, Check, etc.) check	
City Chicago	State I L	Zip Code 60603	M 1 0	D 2 9	Y 0 9	Amount 1,000.00
Full Name of Contributor Peter Cass				Registration Number, if PAC		
Street Address 305 Olentangy St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43202	M 1 0	D 2 9	Y 0 9	Amount 100.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	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)]

