

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

09 NOV 25 AM 11:08

Full Name of Committee A. TROY MILLER FOR COLUMBUS						Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS									
Full Name of Candidate A. Troy Miller															
Street Address 3389 Stadler Dr.				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 checked="" type="checkbox"/>	Pre-General	<input 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 checked="" type="checkbox"/> Yes	<input 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.

5 DAY REPORT - Addendum

1. Amount brought forward from last report	\$	\$10,406.91
2. Total monetary contributions (From Form No. 31-A)	\$	\$150.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$10,556.91
5. Total monetary expenditures (From Form No. 31-B)	\$	\$9,550.00
6. Balance on hand (line 4 minus line 5)	\$	\$1,006.91
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$27,986.65
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)	\$.
12. Value of independent expenditures made (From Form No. 31-U)	\$.
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
Print Name and Title (Treasurer and Deputy Treasurer only)

Marlene A. Wirth
Signature

11/11/2009
Date

Contribution pages 2

Expenditure pages 0

Other pages 0

Total pages 2

In-Kind Contributions Received

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Name of Committee in Full				
A. Troy Miller for Columbus				
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M D Y Fair Market Value
271 E. State Street		Campaign Director		1 0 1 5 0 9 \$666.66
City		Sta te	Zip Code	Received at Fundraising Event?
Columbus		OH	43215	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M D Y Fair Market Value
271 E. State Street		Campaign Staff		1 0 1 6 0 9 \$1,000.00
City		Sta te	Zip Code	Received at Fundraising Event?
Columbus		OH	43215	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M D Y Fair Market Value
271 E. State Street		Media		1 0 1 9 0 9 \$6,000.00
City		Sta te	Zip Code	Received at Fundraising Event?
Columbus		OH	43215	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M D Y Fair Market Value
271 E. State Street		Media		1 0 2 1 0 9 \$5,000.00
City		Sta te	Zip Code	Received at Fundraising Event?
Columbus		OH	43215	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M D Y Fair Market Value
271 E. State Street		Lit piece and mailing		1 0 2 2 0 9 \$1,000.00
City		Sta te	Zip Code	Received at Fundraising Event?
Columbus		OH	43215	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M D Y Fair Market Value
271 E. State Street		Media		1 0 2 3 0 9 \$5,000.00
City		Sta te	Zip Code	Received at Fundraising Event?
Columbus		OH	43215	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M D Y Fair Market Value
271 E. State Street		Media		1 0 2 6 0 9 \$7,333.33
City		Sta te	Zip Code	Received at Fundraising Event?
Columbus		OH	43215	<input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Franklin County Democratic Party				
Street Address		Description of Item or Service		M D Y Fair Market Value
271 E. State Street		Lit piece and mailing		1 0 2 7 0 9 \$500.00
City		Sta te	Zip Code	Received at Fundraising Event?
Columbus		OH	43215	<input type="radio"/> YES <input checked="" type="radio"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]

In-Kind Contributions Received

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Name of Committee in Full A. Troy Miller for Columbus			
Full Name of Contributor Franklin County Democratic Party		Employer, Occupation, Labor Organization*	
Street Address 271 E. State Street		Description of Item or Service MEDIA	
City Columbus		State OH	Zip Code 43215
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value \$1,486.66
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Registration Number, if PAC	
		M	D
		Y	Fair Market Value
		Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	

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