

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

09 OCT 29 PM 1:28

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"/> 5 DAY Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
		<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year
		<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	\$	\$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)	\$	\$0.00
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)	\$.
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

00/00/0000
Date 10-29-2009

Contribution pages 1

Expenditure pages 1

Other pages _____

Total pages 2

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full A. Troy Miller for Columbus							
Full Name of Contributor NiSource					Registration Number, if PAC C00051979		
Street Address 200 Civic Center Dr.		Employer/Occupation/Labor Organization* Columbia Gas			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 3	Amount 150.00	
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	
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	
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	
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	
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	
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	
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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>A. Troy Miller for Columbus</i>												
To Whom Paid <i>Franklin County Democratic Party</i>						M	D	Y	Amount			
						1	0	1	6	0	9	1,000.00
Address <i>271 E. State St.</i>			Purpose <i>ballot breakfast</i>									
City <i>Columbus</i>		State <i>O</i>	H	Zip Code <i>43215</i>		Check Number <i>1020</i>						
To Whom Paid <i>Franklin County Democratic Party</i>						M	D	Y	Amount			
						1	0	1	9	0	9	3,500.00
Address <i>271 E. State St.</i>			Purpose <i>contribution</i>									
City <i>Columbus</i>		State <i>O</i>	H	Zip Code <i>43215</i>		Check Number <i>1022</i>						
To Whom Paid <i>Friends of the Hilltop</i>						M	D	Y	Amount			
						1	0	2	2	0	9	250.00
Address <i>PO Box 44435</i>			Purpose <i>parade sponsor</i>									
City <i>Columbus</i>		State <i>O</i>	H	Zip Code <i>43204</i>		Check Number <i>1023</i>						
To Whom Paid <i>Franklin County Democratic Party</i>						M	D	Y	Amount			
						1	0	2	6	0	9	4,800.00
Address <i>271 E. State St.</i>			Purpose <i>contribution</i>									
City <i>Columbus</i>		State <i>O</i>	H	Zip Code <i>43215</i>		Check Number <i>1024</i>						
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address			Purpose									
City		State		Zip Code		Check Number						