

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
09 OCT 22 AM 11:58  
FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>A. Troy Miller for Columbus</b>						Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS					
Full Name of Candidate <b>A. Troy Miller</b>											
Street Address <b>3389 Stadler Drive</b>						Office Sought <b>City Council</b>			District <b>Columbus</b>		
City <b>Pickerington</b>						State <b>OH</b>		Zip Code <b>43147</b>			
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		1	1	0	3	0	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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$18,389.92
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$18,389.92
5. Total monetary expenditures (From Form No. 31-B)	\$	\$7,982.09
6. Balance on hand (line 4 minus line 5)	\$	\$10,406.91
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$34,896.96
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  
10-20-2009  
Date

Contribution pages 7

Expenditure pages 3

Other pages 15

Total pages 25

# Statement of Contributions Received

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Name of Committee in Full A. Troy Miller							
Full Name of Contributor Michael L. Silberstein					Registration Number, if PAC		
Street Address 1093 Fountain Ln Apt D			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43213	M 0	D 8	Y 05	Amount 250.00	
Full Name of Contributor Michael L. Silberstein					Registration Number, if PAC		
Street Address 1093 Fountain Ln Apt D			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code 43213	M 0	D 8	Y 05	Amount 10.00	
Full Name of Contributor Mentel for Council					Registration Number, if PAC		
Street Address 3886 N. High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	M 0	D 8	Y 09	Amount 2,500.00	
Full Name of Contributor Huntington Bancshares Incorporated PAC					Registration Number, if PAC C00165589		
Street Address 41 S. High St.			Employer/Occupation/Labor Organization* PAC			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 24	Amount 1,000.00	
Full Name of Contributor Medical Mutual of Ohio					Registration Number, if PAC CP130		
Street Address 2060 Nineth St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Cleveland	State OH	Zip Code 44115	M 0	D 9	Y 18	Amount 200.00	
Full Name of Contributor Columbus/Central OH Bldg. Trades Council Educ Fund					Registration Number, if PAC		
Street Address 555 E. Rich St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 30	Amount 1,000.00	
Full Name of Contributor Central Ohio Realtors PAC					Registration Number, if PAC OH146		
Street Address 2700 Airport Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43219	M 1	D 0	Y 06	Amount 1,000.00	
Full Name of Contributor Columbus Apartment Association					Registration Number, if PAC OH146		
Street Address 1225 Dublin Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 21	Amount 500.00	

\* 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)]

