

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

10 APR -9 PM 2:32

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 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 checked="" type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year						
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	Semiannual						
Amended Report? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input 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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$18,880.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$18,880.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$8,873.61
6. Balance on hand (line 4 minus line 5)	\$	\$10,006.39
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)	\$	\$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
Print Name and Title (Treasurer and Deputy Treasurer only)

Marlene A. Wirth
Signature

4-6-2010
Date

Contribution pages _____

Expenditure pages _____

Other pages _____

Total pages 0

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full A. Troy Miller for Columbus						
Full Name of Contributor Contributions from Form No. 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0 6	D 2 5	Y 0 9	Amount \$4,730.00
Full Name of Contributor Contributions from Form No. 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0 8	D 2 7	Y 0 9	Amount \$225.00
Full Name of Contributor Contributions from Form No. 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0 9	D 2 2	Y 0 9	Amount \$650.00
Full Name of Contributor Contributions from Form No. 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 1 0	D 0 1	Y 0 9	Amount \$3,315.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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 OH	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 also appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full A. Troy Miller for Columbus												
To Whom Paid Expenditures from Form No. 31-F						M	D	Y	Amount			
						0	6	2	5	0	9	\$395.04
Address				Purpose FR								
City		State	Zip Code	Check Number								
OH												
To Whom Paid Expenditures from Form No. 31-F						M	D	Y	Amount			
						0	8	2	7	0	9	\$95.04
Address				Purpose FR								
City		State	Zip Code	Check Number								
OH												
To Whom Paid Expenditures from Form No. 31-F						M	D	Y	Amount			
						0	9	2	2	0	9	\$265.30
Address				Purpose FR								
City		State	Zip Code	Check Number								
OH												
To Whom Paid Expenditures from Form No. 31-F						M	D	Y	Amount			
						1	0	0	1	0	9	\$136.14
Address				Purpose FR								
City		State	Zip Code	Check Number								
OH												
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								
OH												
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								
OH												
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State	Zip Code	Check Number								
OH												