

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens to Elect Dan Miller					
Full Name 5/3 Bank			Registration Number, if PAC		
Address P.O. Box 630900	Type* IN		M 06	D 15	Y 11
City Cincinnati	State OH	Zip Code 45263-0900	Amount .02		
Form (Cash, Check, etc.)					
Full Name 5/3 Bank			Registration Number, if PAC		
Address P.O. Box 630900	Type* IN		M 07	D 15	Y 11
City Cincinnati	State OH	Zip Code 45263-0900	Amount .02		
Form (Cash, Check, etc.)					
Full Name 5/3 Bank			Registration Number, if PAC		
Address P.O. Box 630900	Type* IN		M 08	D 15	Y 11
City Cincinnati	State OH	Zip Code 45263-0900	Amount .03		
Form (Cash, Check, etc.)					
Full Name 5/3 Bank			Registration Number, if PAC		
Address P.O. Box 630900	Type* IN		M 09	D 15	Y 11
City Cincinnati	State OH	Zip Code 45263-0900	Amount .10		
Form (Cash, Check, etc.)					
Full Name 5/3 Bank			Registration Number, if PAC		
Address P.O. Box 630900	Type* IN		M 10	D 14	Y 11
City Cincinnati	State OH	Zip Code 45263-0900	Amount .07		
Form (Cash, Check, etc.)					
Full Name Dan Miller From Form 31-C			Registration Number, if PAC		
Address 4124 Mayflower Blvd.	Type* LN		M 08	D 07	Y 11
City Whitehall	State OH	Zip Code 43213	Amount 3,000		
Form (Cash, Check, etc.) Check					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form (Cash, Check, etc.)					

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.