31-A-2	
R.C. 3517.10(B	1

Statement of Other Income

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Prescribed by Secretary of State 2/01

Number of Company of the Company of			
Name of Committee in Full Citizens to Elect Dan M	iller		
Full Name	F 11 TF		Registration Number, if PAC
titth Third Bank			
P.o. Box 630900	Type*		M D Y Amount
Name of Committee in Full Ci, tizens to Elect Dan M. Full Name Fifth Third Bank Address P.o. Box 630900 City Cineranati Eull Name	State OH	Zip Code 45263	Form (Cash, Check, etc.) Transfer
Full Name		· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Туре*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	1	Registration Number, if PAC	
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	·	. .	Registration Number, if PAC
Address	Туре*		M D Y Amount
City	State	Zip Còde	Form (Cash, Check, etc.)
Full Name	<u> </u>	<u>-</u>	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Fuli Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)

Page Total \$

^{*} 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.