

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC	
Full Name				Amount	
Address	Type*	City	State	Zip Code	Form (Cash, Check, etc.)
Citizens to Elect Dan Miller					
Fifth Third Bank					
P.O. Box 630900	IN		OH	45263	Transfer
					11/15/11 .05
Full Name				Registration Number, if PAC	
Address				Amount	
City				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Amount	
City				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Amount	
City				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Amount	
City				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Amount	
City				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Amount	
City				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Amount	
City				Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address				Amount	
City				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.