31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Citizens to Elect Dan Miller									
Full Name of Contributor								**Registration Number, if PAC**	
Phyllis J. Meidl									
Street Address	**Employer/Occupation/Labor Organization***								**Form (Cash, Check, etc.)**
458 Cumberland Dr.	Retired								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**				**Amount**
Whitehall	OH	43213	09	24	11				20.00
Full Name of Contributor								**Registration Number, if PAC**	
Contributions from Form No 31-E									
Street Address	**Employer/Occupation/Labor Organization***								**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**				**Amount**
			10	01	11				1020.00
Full Name of Contributor								**Registration Number, if PAC**	
Ronda Howard									
Street Address	**Employer/Occupation/Labor Organization***								**Form (Cash, Check, etc.)**
348 Cumberland Dr.	Abbott Nutrition								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**				**Amount**
Whitehall	OH	43213	10	01	11				25.00
Full Name of Contributor								**Registration Number, if PAC**	
Katie Quincel									
Street Address	**Employer/Occupation/Labor Organization***								**Form (Cash, Check, etc.)**
3759 Washburn St.	Whitehall City Schools								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**				**Amount**
Whitehall	OH	43213	10	01	11				50.00
Full Name of Contributor								**Registration Number, if PAC**	
Roger Gray									
Street Address	**Employer/Occupation/Labor Organization***								**Form (Cash, Check, etc.)**
387 Beaver Ave	U.S. Postal Service								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**				**Amount**
Whitehall	OH	43213	10	12	11				50.00
Full Name of Contributor								**Registration Number, if PAC**	
Citizens for Garland									
Street Address	**Employer/Occupation/Labor Organization***								**Form (Cash, Check, etc.)**
550 E. Walnut St.	State Representative								Check
City	**State**	**Zip Code**	**M**	**D**	**Y**				**Amount**
Columbus	OH	43215	10	17	11				100.00
Full Name of Contributor								**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***								**Form (Cash, Check, etc.)**
City	**State**	**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**	**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)]

Page Total $ 1265.00