## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Socretary of State 03/05

| Event Date_ | 10/ | 1/11 |  |
|-------------|-----|------|--|
| Page 3      |     | ,    |  |

| Name of Committee in Full  Citizens to Elect Dan Miller  Editor of Committee in Full  Registration Number (CRAC) |                                                                                 |                                  |                             |                         |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------|-----------------------------|-------------------------|
| Full Name of Contributor                                                                                         | V / 11   C                                                                      | <del></del>                      | Registration Number, if I   | PAC                     |
| Street Address  900 Rosemore Aue.                                                                                | <del>, - · · ·</del>                                                            |                                  |                             | :                       |
| Street Address                                                                                                   | Employer/Occupati                                                               | on/Labor Organization*           | MDY                         | Amount<br>25.00         |
| City                                                                                                             | Sta te                                                                          | Zip Code                         | Form (Cash, Check, etc.)    |                         |
| whitehall                                                                                                        | OH                                                                              | 43213                            | Check                       |                         |
| Full Name of Contributor                                                                                         | /                                                                               |                                  | Registration Number, if I   | AC                      |
| Van Gregg Committee to Ele.                                                                                      |                                                                                 |                                  | M D Y                       | Amount                  |
| <u>.</u> .                                                                                                       | Employer/Occupation/Labor Organization*  Whitehall City Schools  State Zip Code |                                  | 100111                      | 75.00                   |
| City Whitehall                                                                                                   |                                                                                 |                                  | Form (Cash, Check, etc.)    |                         |
|                                                                                                                  | OH.                                                                             | 43213                            | Check                       |                         |
| Full Name of Contributor                                                                                         |                                                                                 |                                  | Registration Number, if I   | AU                      |
| Street Address                                                                                                   | Employer/Occurati                                                               | ion/Labor Organization*          | M D Y                       | Amount                  |
| 650 Greenwood Pl.                                                                                                | Ratio                                                                           | j ~                              | 100111                      | 20.00                   |
| City while hall                                                                                                  | Sta te                                                                          | Zip Code 432/3                   | Form (Cash, Check, etc.)    |                         |
| Full Name of Contributor                                                                                         | 017                                                                             | 770/7                            | Registration Number, if I   |                         |
| Sharon Hallowes                                                                                                  |                                                                                 |                                  |                             |                         |
| Street Address 666 Greenwood Rd                                                                                  | Employer/Occupati                                                               | on/Labor Organization*           | M D Y                       | Amount<br>40.00         |
| Cir.                                                                                                             | Sta te                                                                          | Zip Code                         | Form (Cash, Check, etc.)    |                         |
| whitehall                                                                                                        | OH                                                                              | 43213                            | Cash                        |                         |
| Full Name of Contributor                                                                                         |                                                                                 |                                  | Registration Number, if I   | AC                      |
| Street Address                                                                                                   | Employer:Occupation/Labor Organization*                                         |                                  | M D Y                       | Amount                  |
| City                                                                                                             | Sta to                                                                          | Zip Code                         | Form (Cash, Check, etc.)    |                         |
| Full Name of Contributor                                                                                         |                                                                                 |                                  | Registration Number, if     | PAC                     |
| COLLEGE OF CHELLOWIN                                                                                             |                                                                                 |                                  | regionalis issued, is i     |                         |
| Street Address                                                                                                   | Employer/Occupati                                                               | ion/Labor Organization*          | M D Y                       | Amount                  |
|                                                                                                                  |                                                                                 | Ta: 0.1                          |                             |                         |
| City                                                                                                             | Sta te                                                                          | Zip Code                         | Form (Cash, Check, etc.)    |                         |
| Full Name of Contributor                                                                                         |                                                                                 | <u> </u>                         | Registration Number, if I   | PAC                     |
| Street Address Employer/Occupation/Labor Organization*                                                           |                                                                                 | M D Y                            | Amount                      |                         |
|                                                                                                                  |                                                                                 |                                  |                             |                         |
| City                                                                                                             | Sta to                                                                          | Zip Code                         | Form (Cash, Check, etc.)    |                         |
| * Required for contributions from individuals over \$100 to statewide                                            | e and General Asse                                                              | anbly candidates. If contributor | is self-employed, the occu  | pation and the name of  |
| the individual's business, if any, rather than employer should be liste                                          | ed. If two or more o                                                            | employees contribute via payrol  | Il deduction and exceed the | aggregate of \$100, the |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

| Total contributions th | us event |
|------------------------|----------|
|------------------------|----------|

| 1620 | ٥٥ |
|------|----|
|      |    |

Total expenditures this event.

| 383 | 39 |
|-----|----|
|-----|----|

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]