

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens to Elect Dan Miller				
Full Name of Contributor Phyllis J. Shipley			Registration Number, if PAC	
Street Address 4112 Mayflower Blvd.	Employer/Occupation/Labor Organization* Retired		M D Y 10 01 11	Amount 20.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barbara L. Blake			Registration Number, if PAC	
Street Address 698 Maplewood	Employer/Occupation/Labor Organization* Secretary / Kols. City Schools		M D Y 10 01 11	Amount 25.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Janice Ritchey			Registration Number, if PAC	
Street Address 487 Elaine Rd.	Employer/Occupation/Labor Organization* Retired		M D Y 10 01 11	Amount 25.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marc Conison			Registration Number, if PAC	
Street Address 958 Karl St.	Employer/Occupation/Labor Organization* Grant Eagle		M D Y 10 01 11	Amount 20.00
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Karen Conison			Registration Number, if PAC	
Street Address 958 Karl St.	Employer/Occupation/Labor Organization* Capital University		M D Y 10 01 11	Amount 20.00
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Priscilla Roberge			Registration Number, if PAC	
Street Address 372 Cumberland Dr.	Employer/Occupation/Labor Organization* Retired		M D Y 10 01 11	Amount 25.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dennis Roberge			Registration Number, if PAC	
Street Address 372 Cumberland Dr.	Employer/Occupation/Labor Organization* Retired		M D Y 10 01 11	Amount 25.00
City Whitehall	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	

* 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)]

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 this event

160.00	000
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Total expenditures this event.

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Page Total \$ **160**