

## Statement of Contributions Received

Page

**Form 31-A** ORC 3517.10

Full Name of Committee			<del></del>			
Citizens for Term Limits						
Full Name of Contributor Registration Num					er, if PAC	
Deborah Preece						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3828 Doney 5t					Cash	
City	State	Zip Code	Date (MM/D	D/YYY)	Amount	
Whitehall	ОН	43215	08/2	1/2018	\$ 100.00	
Full Name of Contributor				Registration Numb	er, if PAC	
brett Hoerig						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
12810 Watking Rd.				Check.		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Marysville	ОН	43040	08/	21/2018	100,00	
Full Name of Contributor				Registration Numb	er, if PAC	
Margie Parsons						
Street Address	Employer	r/Occupation/Labor C	rganization*		Form (Cash, Check, etc.)	
551 COUNTRY Club Rd.					Cash	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Whitehall	ОН	43213	09/0	1/2018	\$ 25.00	
Full Name of Contributor				Registration Numb	er, if PAC	
Kochelle Willis						
Street Address	Employe	r/Occupation/Labor C	organization*		Form (Cash, Check, etc.)	
612 Maple wood Ave.					Cash	
1 -	State	Zip Code	Date (MM/D		Amount	
Whitehall	ОН	43213	09/	02/2018	\$ 10,00	
Full Name of Contributor Registration Number, if PAC					er, if PAC	
Scott Humphrey						
Street Address	Employe	r/Occupation/Labor C	Organization*		Form (Cash, Check, etc.)	
134 Binns Blud.					Cheek	
City	State	Zip Code	Date (MM/D		Amount 75-W	
(Dlumbus	ОН	40204	091	05/2018	7 25 W	

\*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	\$ 260.00
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