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## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee					
Citizens for Term Limits					
Full Name of Contributor				Registration Number, if PAC	
Autumn Kehl					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
558 Collingwood Que.					Cash
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
whitelall	ОН	43213	09/	08/2018	\$ 10.00
Full Name of Contributor	Registration Number, if PAC				
Kathie McKittrick					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
482 Virginia CircleW					Cash
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Whitehall	ОН	40213	09/0	9/2018	\$ 20.00
Full Name of Contributor Registration Number, if PAC					
Tim Cooper					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
884 County Line, Rdy					Cash
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Westerville	ОН	43081	09/	05/2018	\$ 150,00
Full Name of Contributor Registration Number, if PAC					
Ben Porter					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1203 Jayhawk St.	· Cash				
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Blackick	ОН	43004	09/1	3/2018	9 100.00
Full Name of Contributor	Registration Number				er, if PAC
Scott Sagel					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
Street Address 4063 Seigman Are.	Check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Whitelall	ОН	H 43213 09/16/2018			9 400,00

\*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 ( 680,00