

## Statement of Contributions Received

Form 31-A

ORC 3517.10

CITIZENS FOR TEXM LIMITS Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Check  City  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Check  City  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  City  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  City  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  City  State  City  City  State  City  City  State  City  City  State  City  City	Full Name of Committee							
Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)	Citizens for Term Limits							
Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)   City   State   Zip Code   Date (MM/DD/YYYY)   Amount   City					Registration Number, if PAC			
Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)   City   State   Zip Code   Date (MM/DD/YYYY)   Amount   City	Jodi Evans							
Full Name of Contributor  City  Street Address  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Full Name of Contributor  City  State  Zip Code  Date (MM/DD/YYYY)  Amount  OH  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  City  State  Zip Code  Date (MM/DD/YYYY)  Amount  OH  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  City  State  Zip Code  Date (MM/DD/YYYY)  Amount  OH  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  City  State  Zip Code  Date (MM/DD/YYYY)  Amount  OH  Full Name of Contributor  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)	Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
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Full Name of Contributor  City  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Full Name of Contributor  City  State  City  Amount  Amount  Amount	City	State	State Zip Code Date (MM/DD/YYYY)			Amount		
Street Address   Employer/Occupation/Labor Organization*   Form (Cash, Check, etc.)	Rushville	ОН	43150	09/1	6/2018	P 30.00		
Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  State  Zip Code  Date (MM/DD/YYYY)  Arnoun,  Registration Number, if PAC  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  Amount  Registration Number, if PAC	Full Name of Contributor				Registration Numb	per, if PAC		
City State Zip Code Date (MM/DD/YYYY) Amount  Full Name of Contributor  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  City State Zip Code Date (MM/DD/YYYY) Amount  Full Name of Contributor  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  City State Zip Code Date (MM/DD/YYYY) Amount  City State Zip Code Date (MM/DD/YYYY) Amount  Full Name of Contributor  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  City State Zip Code Date (MM/DD/YYYY) Amount  Full Name of Contributor  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  City State Zip Code Date (MM/DD/YYYY) Amount  Amount  City State Zip Code Date (MM/DD/YYYY) Amount	Checyl Horn							
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Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Form (Cash, Check, etc.)  State	City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Street Address	Scotsville	A KY	42164	09/0	24/2018	\$100.00		
City State Zip Code Date (MM/DD/YYYY) Amount  Full Name of Contributor Registration Number, if PAC  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  City State Zip Code Date (MM/DD/YYYY) Amount  Full Name of Contributor Registration Number, if PAC  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)  City State Zip Code Date (MM/DD/YYYY) Amount	Full Name of Contributor Registration Number, if PAC							
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City State Zip Code Date (MM/DD/YYYY) Amount	Full Name of Contributor				Registration Number, if PAC			
	Street Address	Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
	City		Zip Code	Date (MM/D	D/YYYY)	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)]

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