



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

Full Name of Committee <b>Citizens for Term Limits</b>				
Full Name of Contributor <b>Jodi Evans</b>			Registration Number, if PAC	
Street Address <b>6452 State Route 22 NW</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>
City <b>Rushville</b>	State <b>OH</b>	Zip Code <b>43150</b>	Date (MM/DD/YYYY) <b>09/16/2018</b>	Amount <b>\$ 30.00</b>
Full Name of Contributor <b>Cheryl Horn</b>			Registration Number, if PAC	
Street Address <b>3440 New Balkatin Rd.</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>
City <b>Scottsville</b>	State <b>OH</b>	Zip Code <b>KY 42164</b>	Date (MM/DD/YYYY) <b>09/24/2018</b>	Amount <b>\$100.00</b>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	Zip Code	Date (MM/DD/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)]

Page Total **\$130.00**