

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Cytizens to Elect	Mil	WAKE				
Full Name of Contributor	Il Name of Contributor Registratio				ber. if PAC	
Full Name of Contributor Litt Mike Willet Street Address City ANN Winscherfel					'	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
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City CARMIER 37	State Zip Code Date (MM/DD/YYYY)			D/YYYY)	TRANSFER FUNDS Amount 3,806.32	
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Full Name of Contributor		43110	11-0	Pagistration Num	box if DAC	
Full Name of Contributor				Registration Num	der, II PAC	
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Full Name of Contributor		Registration Number, if PAC				
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Full Name of Contributor		Registration			ber, if PAC	
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Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
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*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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