



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	
Leglie P. LaCorte					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
5066 Etna Rd.					(ash
City	State	Zíp Code	Date (MM/DI	DAYYY)	Amount
Whitehall	99h	43213	08/2	4/2018	50.00
					er, if PAC
Vicki Glover					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
Canal Winchester					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Canal Winchester	ОН	43110	08/2	1/2018	Amount 35; OU
Full Name of Contributor Registration Number, if PAC					
Sunshine International UC					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1255 N. Hamilton Rd.					Check
City PM B 167	State	Zip Code	Date (MM/DD/YYYY)		Amount
bananna	ОН	43200	08/2	1/2018	\$ 100.00
Full Name of Contributor	Registration Num				er, if PAC
51 5. Hanrilfon LCC Street Address Form (Cash Check etc.)					
Street Address	Employer	/Occupation/Labor O		Form (Cash, Check, etc.)	
51 5: Hamilton Rd.					Cheek
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	45213	08/	91/2018	\$ 250.00
Full Name of Contributor				Registration Numb	er, if PAC
Samantha Kour	Kountz				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
Samantha Kour Street Address 4635 Louise Ave		(lash			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Whitehal)	ОН	43210	08/2	1/18	100,00

Page Total \$ 525.00

^{*}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)]