



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Motil for City Council				
Full Name of Contributor Brian D. Williams			Registration Number, if PAC	
Street Address 1503 Hamlet Street	Employer/Occupation/Labor Organization* MORPC/Planning		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 04/05/2019	Amount \$100.00
Full Name of Contributor Edward J. Phillips			Registration Number, if PAC	
Street Address 2011 Waterbrook lane	Employer/Occupation/Labor Organization* Self Employed/Plumber		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 04/07/2019	Amount \$100.00
Full Name of Contributor Michael F. Motil			Registration Number, if PAC	
Street Address 1496 Fairview Avenue Apt. B	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 04/11/2019	Amount \$300.00
Full Name of Contributor Kevin Hampton			Registration Number, if PAC	
Street Address 242 Trail Court	Employer/Occupation/Labor Organization* Hampton Law Firm/Attorney		Form (Cash, Check, etc.) Check	
City Newark	State OH	Zip Code 43055	Date (MM/DD/YYYY) 04/12/2019	Amount \$50.00
Full Name of Contributor Paul Crane			Registration Number, if PAC	
Street Address 196 N. Cassingham Road	Employer/Occupation/Labor Organization* JP Morgan Chase/Banker		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 04/15/2019	Amount \$65.00

*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)]