



# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Motil for City Council				
Full Name of Contributor Mark Allison			Registration Number, if PAC	
Street Address 815 Eddystone Ave		Employer/Occupation/Labor Organization* Ohio Educ. Assoc.		Date (MM/DD/YYYY) 09/09/2019
City Columbus		State OH	Zip Code 43224	Amount 20.00
Form (Cash, Check, Etc) Cash				
Full Name of Contributor Barbara Fleming			Registration Number, if PAC	
Street Address 2612 Glenmawr		Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 09/09/2019
City Columbus		State OH	Zip Code 43202	Amount 20.00
Form (Cash, Check, Etc) Cash				
Full Name of Contributor Charles Goodburn			Registration Number, if PAC	
Street Address 2097 Neil AVE Apt 381-B		Employer/Occupation/Labor Organization* Franklin Cty Mun. Court		Date (MM/DD/YYYY) 09/09/2019
City Columbus		State OH	Zip Code	Amount 20.00
Form (Cash, Check, Etc) Cash				
Full Name of Contributor Will Klatt			Registration Number, if PAC	
Street Address 80 E Lakeview Ave		Employer/Occupation/Labor Organization* Ohio Educ. Assoc.		Date (MM/DD/YYYY) 09/09/2019
City Columbus		State OH	Zip Code 43202	Amount 20.00
Form (Cash, Check, Etc) Cash				
Full Name of Contributor Lisa Roberts			Registration Number, if PAC	
Street Address 595 S Selby Blvd		Employer/Occupation/Labor Organization* Safe Splash		Date (MM/DD/YYYY) 09/09/2019
City Worthington		State OH	Zip Code 43085	Amount 20.00
Form (Cash, Check, Etc) Cash				

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 100.00