



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Motil for City Council				
Full Name of Contributor Raymond Sauer			Registration Number, if PAC	
Street Address 526 East Como		Employer/Occupation/Labor Organization* Retired/ Ironworker		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 03/17/2019	Amount \$50.00
Full Name of Contributor Karyn A. Deibel			Registration Number, if PAC	
Street Address 166 West Como		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 04/01/2019	Amount \$25.00
Full Name of Contributor Sandy Bolzenius			Registration Number, if PAC	
Street Address 88 West Blake Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 04/01/2019	Amount \$30.00
Full Name of Contributor Marcus A. Ross			Registration Number, if PAC	
Street Address 395 E. Broad Street Ste. 200		Employer/Occupation/Labor Organization* Marcus A. Ross Attorney at Law		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 04/02/2019	Amount \$100.00
Full Name of Contributor Patricia L. Motil			Registration Number, if PAC	
Street Address 3803 Echo Place		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 04/04/2019	Amount \$30.00

*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)]

Page Total \$235.00