



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Motil for City Council				
Full Name of Contributor Betsy Melaragno			Registration Number, if PAC	
Street Address 3316 Brendan Drive		Employer/Occupation/Labor Organization* Ohio Health/Nurse		Form (Cash, Check, etc.) check
City Cols.	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/08/2019	Amount 100.00
Full Name of Contributor Lezlie Combs			Registration Number, if PAC	
Street Address 333 Mithoff		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Cols.	State OH	Zip Code 43206	Date (MM/DD/YYYY) 10/22/2019	Amount 25.00
Full Name of Contributor Robert Cody			Registration Number, if PAC	
Street Address 238 East Lincoln Avenue		Employer/Occupation/Labor Organization* Self employed/Attorney		Form (Cash, Check, etc.) credit card
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 10/21/2019	Amount 25.00
Full Name of Contributor Mary Kennedy Riley			Registration Number, if PAC	
Street Address 7423 18th Street NE		Employer/Occupation/Labor Organization* Relilly, Fisher & Solomon/CPA		Form (Cash, Check, etc.) credit card
City St. Petersburg	State FL	Zip Code 33702	Date (MM/DD/YYYY) 10/22/2019	Amount 250.00
Full Name of Contributor Peter Freeman			Registration Number, if PAC	
Street Address 138 East Longview		Employer/Occupation/Labor Organization* Non-applicable		Form (Cash, Check, etc.) credit card
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 10/25/2019	Amount 100.00

\*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)]