

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Motil for City Council							
Full Name of Contributor John M. Motil					Registration Number, if PAC		
Street Address 4902 Fairway Ridge Circle		Employer/Occupation/Labor Organization* Independent Sales Representative Home furnishings			Form (Cash, Check, etc.) Check		
City West Bloomfield	State MI	Zip Code 48323	M 0	D 5	Y 2	Y 4	Amount \$500.00
Full Name of Contributor Marion Laborers Local 574					Registration Number, if PAC		
Street Address 1585 Harding Hwy. E		Employer/Occupation/Labor Organization* Laborers Local 574 PCE			Form (Cash, Check, etc.) Check		
City Marion	State OH	Zip Code 43302	M 0	D 8	Y 0	Y 7	Amount \$250.00
Full Name of Contributor Richard Talbot					Registration Number, if PAC		
Street Address 442 East Northwood Ave.		Employer/Occupation/Labor Organization* Inn Town Homes &* Apartments			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43210	M 0	D 7	Y 2	Y 7	Amount \$100.00
Full Name of Contributor Dave DeRubertis					Registration Number, if PAC		
Street Address 1240 Northport Drive		Employer/Occupation/Labor Organization* Insurance Agent			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M 0	D 8	Y 1	Y 3	Amount \$100.00
Full Name of Contributor Joseph P. Armstrong					Registration Number, if PAC		
Street Address 5701 Crown Crest Lane		Employer/Occupation/Labor Organization* Social worker			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M 0	D 8	Y 1	Y 5	Amount \$75.00
Full Name of Contributor Chip Motil					Registration Number, if PAC		
Street Address 9569 Lugano Court		Employer/Occupation/Labor Organization* Capital One, Banker			Form (Cash, Check, etc.) Check		
City Myrtle Beach	State SC	Zip Code 27579	M 0	D 8	Y 2	Y 5	Amount \$250.00
Full Name of Contributor Joseph A. Motil					Registration Number, if PAC		
Street Address 167 West Cooke Road		Employer/Occupation/Labor Organization* Elford Inc. Safety Manager			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 0	D 9	Y 0	Y 3	Amount \$1,000.00
Full Name of Contributor Sean G. Cleary					Registration Number, if PAC		
Street Address 206 East Hocking Street		Employer/Occupation/Labor Organization* Administrator for Seniors Health Care Facilities			Form (Cash, Check, etc.) Check		
City Canal Winchester	State OH	Zip Code 43110	M 0	D 8	Y 3	Y 0	Amount \$25.00

* 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 **\$2,300.00**