



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Motil for City Council				
Full Name of Contributor Joseph A. Motil			Registration Number, if PAC	
Street Address 167 West Cooke Road		Employer/Occupation/Labor Organization* AECOM/Hunt		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 09/25/2017	Amount \$1,500.00
Full Name of Contributor Charles V. Motil			Registration Number, if PAC	
Street Address 9569 Lugano Court		Employer/Occupation/Labor Organization* Capital One/Investment Banker		Form (Cash, Check, etc.) check
City Myrtle Beach	State SC <input type="checkbox"/>	Zip Code 26579	Date (MM/DD/YYYY) 10/14/2017	Amount \$250.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]