



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Contributor Registration Num			Registration Number	er, if PAC
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
AECOM/Hunt			check	
State	Zip Code	Date (MM/DD/YYYY)		Amount
ОН	43214	09/25/2017		\$1,500.00
Full Name of Contributor Registration Nu				er, if PAC
Charles V. Motil				
Employer	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
Capital One/Investment Banker check				
State	Zip Code	Date (MM/D	D/YYY)	Amount
SC ▼	26579	10/14/2017		\$250.00
Full Name of Contributor Registration Number, if				er, if PAC
Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			Form (Cash, Check, etc.)	
State	Zip Code	Date (MM/DD/YYYY)		Amount
ОН				
Full Name of Contributor Re			Registration Number, if PAC	
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
State	Zip Code	Date (MM/D	D/YYYY)	Amount
ОН				
I Name of Contributor Registration No		Registration Numb	er, if PAC	
Employer/Occupation/Labor Organization* Form (Cash, Check, et			Form (Cash, Check, etc.)	
State	Zip Code	Date (MM/DD/YYYY) Amount		
ОН				
	AECOM/ State OH Employer Capital C State SC Employer State OH Employer State OH Employer State OH	AECOM/Hunt State Zip Code OH 43214 Employer/Occupation/Labor Or Capital One/Investment B State Zip Code SC Zip Code OH Zip Code OH Employer/Occupation/Labor Or State Zip Code OH Employer/Occupation/Labor Or State Zip Code OH State Zip Code OH Employer/Occupation/Labor Or State Zip Code OH	AECOM/Hunt State Zip Code Date (MM/Did Capital One/Investment Banker State Zip Code Date (MM/Did SC Zip Code Date (MM/Did Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code Date (MM/Did Employer/Occupation/Labor Organization* State Zip Code Date (MM/Did Employer/Occupation/Labor Organization* State Zip Code Date (MM/Did Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* AECOM/Hunt State Zip Code Date (MM/DD/YYYY) OH 43214 09/25/2017 Registration Numb Employer/Occupation/Labor Organization* Capital One/Investment Banker State Zip Code Date (MM/DD/YYYY) State Zip Code Date (MM/DD/YYYY) Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) Registration Numb Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) Capital One/Investment Banker Registration Numb Registration Numb Registration Numb Employer/Occupation/Labor Organization* State Zip Code Date (MM/DD/YYYY) Registration Numb

*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	\$1,750.00