



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Motil for City Council				
Full Name of Contributor Amy Harkins			Registration Number, if PAC	
Street Address 56 East Kanawha Ave.		Employer/Occupation/Labor Organization* Acctmanager/Employment Enterprises		Form (Cash, Check, etc.) credit card
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 09/09/2019	Amount 25.00
Full Name of Contributor Ann Heffernan			Registration Number, if PAC	
Street Address 139 S. Garfield		Employer/Occupation/Labor Organization* not employed		Form (Cash, Check, etc.) credit card
City Columbus	State OH	Zip Code 43205	Date (MM/DD/YYYY) 10/11/2019	Amount 50.00
Full Name of Contributor Mark Caral			Registration Number, if PAC	
Street Address 3228 Summertime Court		Employer/Occupation/Labor Organization* FSE/Dell EMC		Form (Cash, Check, etc.) credit card
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/10/2019	Amount 25.00
Full Name of Contributor Roger Doyle			Registration Number, if PAC	
Street Address 360 Chittenden		Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) credit card
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 10/10/2019	Amount 100.00
Full Name of Contributor Scott Comanzo			Registration Number, if PAC	
Street Address 1303 Fowler Dr.		Employer/Occupation/Labor Organization* not employed		Form (Cash, Check, etc.) credit card
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 10/08/2019	Amount 9.00

*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)]