



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Motil for City Council				
Full Name of Contributor Dennis J. Wilcox			Registration Number, if PAC	
Street Address 410 Richards Avenue		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 04/30/2019	Amount 25.00
Full Name of Contributor James B. Guinan			Registration Number, if PAC	
Street Address 1291 Friar lane		Employer/Occupation/Labor Organization* Nationwide Insurance/Examiner		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 04/28/2019	Amount 50.00
Full Name of Contributor Charles Motil			Registration Number, if PAC	
Street Address 9569 Lugano Court		Employer/Occupation/Labor Organization* Self Employed/Financial Advisor		Form (Cash, Check, etc.) check
City Myrtle Beach	State SC	Zip Code 29579	Date (MM/DD/YYYY) 05/01/2019	Amount 200.00
Full Name of Contributor Rachel Moore			Registration Number, if PAC	
Street Address 4055 Sunbury Road		Employer/Occupation/Labor Organization* Uber/Customer Service Representative		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY) 05/02/2019	Amount 100.00
Full Name of Contributor Margy Cordray			Registration Number, if PAC	
Street Address 12836 Worthington Road NW		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check
City Pataskala	State OH	Zip Code 43062	Date (MM/DD/YYYY) 05/06/2019	Amount 150.00

*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)]