



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee 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* Self-Employed		Form (Cash, Check, etc.) Check
City West Bloomfield	State MI	Zip Code 48323	Date (MM/DD/YYYY) 02/03/2019	Amount \$1,000.00
Full Name of Contributor David Kennedy			Registration Number, if PAC	
Street Address 1200 North Shore Dr. NE		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Saint Petersburg	State FL	Zip Code 33701	Date (MM/DD/YYYY) 03/13/2019	Amount \$100.00
Full Name of Contributor Cynthia P. Reith			Registration Number, if PAC	
Street Address 315 E. Weisheimer Road		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 03/27/2019	Amount \$50.00
Full Name of Contributor Michael Doody			Registration Number, if PAC	
Street Address 683 East Kossuth		Employer/Occupation/Labor Organization* Fraud Investigator		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 03/27/2019	Amount \$20.00
Full Name of Contributor Joseph P. Armstrong			Registration Number, if PAC	
Street Address 5701 Crown Crest lane		Employer/Occupation/Labor Organization* Franklin County Social Services		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 03/28/2019	Amount \$75.00

*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 \$1,245.00