



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Motil fr City Council				
Full Name of Contributor John Motil			Registration Number, if PAC	
Street Address 4902 Fairway Ridge Circle	Employer/Occupation/Labor Organization* Sales/self employed		Form (Cash, Check, etc.) credit card	
City West Bloomfield	State MI	Zip Code 48323	Date (MM/DD/YYYY) 10/26/2019	Amount 500.00
Full Name of Contributor Alexander Stigler			Registration Number, if PAC	
Street Address 1803 N. Fourth St.	Employer/Occupation/Labor Organization* supervisor/Columbus State Community College		Form (Cash, Check, etc.) credit card	
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 10/26/2019	Amount 2.70
Full Name of Contributor Dean Adamantidis			Registration Number, if PAC	
Street Address 75 East gay Street	Employer/Occupation/Labor Organization* DDA management/Real estate development		Form (Cash, Check, etc.) credit card	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/26/2019	Amount 250.00
Full Name of Contributor Duane Casares			Registration Number, if PAC	
Street Address 112 Aldrich Road	Employer/Occupation/Labor Organization* Directions for Youth/CEO		Form (Cash, Check, etc.) credit card	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 10/29/2019	Amount 100.00
Full Name of Contributor Joseph Motil			Registration Number, if PAC	
Street Address 167 West Cooke Road	Employer/Occupation/Labor Organization* Not applicable		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 11/01/2019	Amount 400.00

*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)]