



# Statement of Contributions Received

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Motil for City Council				
Full Name of Contributor James Ryan			Registration Number, if PAC	
Street Address 4333 Sharon Avenue	Employer/Occupation/Labor Organization* Self/Real estate		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 08/09/2019	Amount 200.00
Full Name of Contributor William Myers			Registration Number, if PAC	
Street Address 146 West Cooke Road	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 07/07/2019	Amount 150.00
Full Name of Contributor Paul Sandstrom			Registration Number, if PAC	
Street Address 2742 Kensington Pl. West	Employer/Occupation/Labor Organization* self/soap maker		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 07/07/2019	Amount 50.00
Full Name of Contributor Doreen Uhas-Sauer			Registration Number, if PAC	
Street Address 2111	Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 07/09/2019	Amount 200.00
Full Name of Contributor Nancy Kuhel			Registration Number, if PAC	
Street Address 286 Brighton Road	Employer/Occupation/Labor Organization* self/health advisor		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 07/09/2019	Amount 100.00

\*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 700.00