

## **Statement of Contributions Received**

Form 31-A

ORC 3517 10

| r  |  |   |                   |                             | ORC 3517.10              |
|--|--|---|-------------------|-----------------------------|--------------------------|
| Full Name of Committee                                 |  |   |                   |                             |                          |
| Motil for City Council                                 |  |   |                   |                             |                          |
| Full Name of Contributor                               |  |   |                   | Registration Number, if PAC |                          |
| National Association of Social Workers-Ohio Pace OH254 |  |   |                   | OH254                       |                          |
| Street Address   | Employer/Occupation/Labor Organization*      |   |                   |                             | Form (Cash, Check, etc.) |
| 33 North Third Street                                  | Nationa                                      | National Association of Social Workers  |                   |                             | check                    |
| City   | State  | Zip Code                                | Date (MM/DD/YYYY) |                             | Amount                   |
| Columbus   | ОН   | 43215                                   |                   | 10/10/2019                  | 200.00                   |
| Full Name of Contributor                               | Full Name of Contributor Registration Number |   |                   |                             |                          |
| Matthew DeTemple                                       | tthew DeTemple                               |   |                   |                             |                          |
| Street Address   | Employer                                     | Employer/Occupation/Labor Organization* |                   |                             | Form (Cash, Check, etc.) |
| 131 Ceramic Drive                                      | Ohio Township Assoc./Exec. Director          |   |                   | check                       |                          |
| City   | State  | Zip Code                                | Date (MM/DD/YYYY) |                             | Amount                   |
| Columbus   | ОН   | 43214                                   | 09/02/2019        |                             | 200.00                   |
| Full Name of Contributor Registration Number           |  |   |                   |                             | er, if PAC               |
| Stephen Motil  |  |   |                   |                             |                          |
| Street Address   | Employer/Occupation/Labor Organization*      |   |                   |                             | Form (Cash, Check, etc.) |
| 3072 Melva Avenue                                      | retired                                      | retired                                 |                   |                             | check                    |
| City   | State  | Zip Code                                | Date (MM/DD/YYYY) |                             | Amount                   |
| Columbus   | ОН   | 43224                                   | 09/11/2019        |                             | 50.00                    |
| Full Name of Contributor                               | Registration Number                          |   |                   |                             | er, if PAC               |
| Jaime Pardo  |  |   |                   |                             |                          |
| Street Address   | Employer/Occupation/Labor Organization*      |   |                   |                             | Form (Cash, Check, etc.) |
| 1676 Hightower Drive                                   | James Wiggins/housekeeper                    |   |                   |                             | credit card              |
| City   | State  | Zip Code                                | Date (MM/DD/YYYY) |                             | Amount                   |
| Columbus   | ОН   | 43235                                   | 09/09/2019        |                             | 20.00                    |
| Full Name of Contributor Registration Number           |  |   |                   |                             | er, if PAC               |
| Adam Parsons   |  |   |                   |                             |                          |
| Street Address   | Employer                                     | Employer/Occupation/Labor Organization* |                   |                             | Form (Cash, Check, etc.) |
| 691 Frebis Avenue                                      | Ohio Vo                                      | Ohio Voice/Digital Director             |                   |                             | credit card              |
| City   | State  | Zip Code                                | Date (MM/DD/YYYY) |                             | Amount                   |
| Columbus   | ОН   | 43206                                   | 09/09/2019        |                             | 25.00                    |

Page Total 495.00

<sup>\*</sup>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)]