



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Motil for City Council				
Full Name of Contributor Jeffri Frontz			Registration Number, if PAC	
Street Address 310 Walhalla Road		Employer/Occupation/Labor Organization* Blockstream/Software Engineer		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 05/10/2019	Amount 25.00
Full Name of Contributor Deedee James Eaglepeck			Registration Number, if PAC	
Street Address 4590 North High Street		Employer/Occupation/Labor Organization* Eagle Family Candy/Co-Owner		Form (Cash, Check, etc.) cash
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 05/11/2019	Amount 50.00
Full Name of Contributor Anita Waters			Registration Number, if PAC	
Street Address 148 North Merkle Road		Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) credit card
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 05/02/2019	Amount 27.00 20.00
Full Name of Contributor Martha Dillard			Registration Number, if PAC	
Street Address 1160 East Broad Street Apt. B2		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) credit card
City Columbus	State OH	Zip Code 43205	Date (MM/DD/YYYY) 05/02/2019	Amount 27.00
Full Name of Contributor Wayne Pete Freeman			Registration Number, if PAC	
Street Address 138 East Longview		Employer/Occupation/Labor Organization* Jacobi/Chemist		Form (Cash, Check, etc.) credit card
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 05/09/2019	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)]