

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Motil for City Council									
Full Name of Contributor Michael J. West						Registration Number, if PAC			
Street Address 345 East Longview			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43202		M 1		D 0	
						Y 2		Amount \$10.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
		OH				Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
		OH				Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M		D	
		OH				Y		Amount	
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City		State		Zip Code		M		D	
		OH				Y		Amount	
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City		State		Zip Code		M		D	
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		OH				Y		Amount	
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City		State		Zip Code		M		D	
		OH				Y		Amount	

* 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 **\$10.00**