



Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Motil for City Council				
Full Name of Contributor Suzanne Patzer			Registration Number, if PAC	
Street Address 1021 E Broad St	Employer/Occupation/Labor Organization* Columbus State College, Admin.		Date (MM/DD/YYYY) 09/09/2019	Amount 100.00
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, Etc) Check	
Full Name of Contributor Ed Hoffman			Registration Number, if PAC	
Street Address 94 E Tulane Rd	Employer/Occupation/Labor Organization* self employed, bookseller		Date (MM/DD/YYYY) 09/09/2019	Amount 25.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, Etc) Check	
Full Name of Contributor Stan Goodburn			Registration Number, if PAC	
Street Address 1980 Belcher Dr Apt A7	Employer/Occupation/Labor Organization* self-employed, accountant		Date (MM/DD/YYYY) 09/09/2019	Amount 150.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, Etc) Check	
Full Name of Contributor Patricia Lombardi			Registration Number, if PAC	
Street Address 2357 Edgevale Rd	Employer/Occupation/Labor Organization* ReMax, Realtor		Date (MM/DD/YYYY) 09/09/2019	Amount 100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, Etc) Check	
Full Name of Contributor John Coneglio			Registration Number, if PAC	
Street Address 1824 Hess Blvd	Employer/Occupation/Labor Organization* Columbus City Schools		Date (MM/DD/YYYY) 09/09/2019	Amount 200.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, Etc) Check	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 575.00