

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Motil for City Council						
Full Name of Contributor Amanda Hoyt				Registration Number, if PAC		
Street Address 35 Webster Park		Employer/Occupation/Labor Organization* Faith in Public Life			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 0	D 9	Y 2 4 1 5	Amount \$50.00
Full Name of Contributor Richard D. Finn III				Registration Number, if PAC		
Street Address 6430 South High Street		Employer/Occupation/Labor Organization* St. Joseph Cemetery			Form (Cash, Check, etc.) Check	
City Lockbourne	State OH	Zip Code 43137	M 0	D 9	Y 0 1 1 5	Amount \$75.00
Full Name of Contributor Jerals T. Sullivan				Registration Number, if PAC		
Street Address 886 Afton Road		Employer/Occupation/Labor Organization* American Electric Power, Linesman			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 9	Y 0 5 1 5	Amount \$100.00
Full Name of Contributor Edward J. Harris				Registration Number, if PAC		
Street Address 237 East Cooke Road		Employer/Occupation/Labor Organization* Salesman, medical supplies			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 0	D 9	Y 2 5 1 5	Amount \$50.00
Full Name of Contributor Charles Simpson				Registration Number, if PAC		
Street Address 448 Brevoort Road		Employer/Occupation/Labor Organization* OSU Medical Center, nurse			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43214	M 0	D 9	Y 2 2 1 5	Amount \$50.00
Full Name of Contributor Keith Dimoff				Registration Number, if PAC		
Street Address 633 Dennison Avenue		Employer/Occupation/Labor Organization* Unemployed			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43215	M 0	D 9	Y 2 0 1 5	Amount \$20.00
Full Name of Contributor Steve Motil				Registration Number, if PAC		
Street Address 3072 Melva Avenue		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43224	M 0	D 9	Y 1 3 1 5	Amount \$25.00
Full Name of Contributor Raymond Sauer				Registration Number, if PAC		
Street Address 171 Northmoor Place		Employer/Occupation/Labor Organization* Myers Rigging, Ironworker			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 0	D 9	Y 1 3 1 5	Amount \$50.00

* 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 **\$420.00**