

## **Designation of Treasurer**

Form 30-D

ORC 3517.10

TYPE OF FILING: NEW	⊠ UPD	ATE				ZOIGFE	B 28 P	् <u>ु</u> :	28	. ,	
COMMITTEE TYPE: 🔀 Candid	ate	PAC	□ P	CE [	Polit	ical Party		gisla	tive Camp	aign Fund	
If update, please check the appro	opriate rea	ason(s):				BUAKU	OF SIE		MS		
Change of Committee Name.	Prior Name was:										
Change of Filing Location.	Prior Locati	ion was:		New Location is:							
Change of Office Sought.	Previous Office Sought: New Office Sought:										
Change of Treasurer Info	Designa	ation or Chan	ge of De	puty Treasure	er Info						
Change of address/phone/email for:	0	Committee	•	Treasurer	0	Deputy Treas	urer (	) Ca	indidate		
Other Please Explain:							2000 T WILLIAM TO SERVE				
Aliconglios	1,74			144			32.4				
Full Name of Committee  Motil for City Council									PAC # (if Up	odated)	
Street Address				City			State	1 '	4.4		
167 West Cooke Road					Columbus OH 43214						
lephone Email ioe.motil					@vaho	o.com					
reasurer ∕iichael F. Motil				Telephone 614-202-3236				Email			
Street Address	<u></u>			City		<u> </u>	State	Zip			
77 Town Street				Gahanna	<u> </u>		ОН	432	230		
Deputy Treasurer (if any) Monica J. Motil			1	ephone 4-267-812	4		Email				
Street Address				City			State	1	04.4		
167 West Cooke Road				Columbu	IS The state of th		ОН	432	214		
	M.					Email					
Full Name of Candidate						Email					
Street Address				City		······································	State	Zip			
office Sought Subdivision/District			strict	Party A			iation/Independent/Non-Partisan Election Year				
PAC is sponsored by:    If Sponsored, Name the Sponsor   Labor Organization						Acronym Used (if any)					
Corporation If Ballo	ot Issue PAC,	, list issue									
O Not Sponsored			A CC11 :	1040: 200							
Is this a Ballot Issue PAC O Yes O No	and Pictor	List any	/ Affiliate	d PACs/PCEs	5						
Construction of Deputy Transpure	02/28/2	2019 M/DD/YYYY)		208	=6	Sate if Candida	\		Date (MM/	8(2019 12000000	