



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 Sandy Bolzinious			Registration Number, if PAC	
Street Address 88 W Blake Ave	Employer/Occupation/Labor Organization* self employed		Date (MM/DD/YYYY) 09/09/2019	Amount 20.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Brian Williams			Registration Number, if PAC	
Street Address 409 E Chittenden	Employer/Occupation/Labor Organization* MORPC		Date (MM/DD/YYYY) 09/09/2019	Amount 20.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, Etc) Cash	
Full Name of Contributor NancyKuhel			Registration Number, if PAC	
Street Address 286 Brighten Rd	Employer/Occupation/Labor Organization* self employed		Date (MM/DD/YYYY) 09/09/2019	Amount 20.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, Etc) Cash	
Full Name of Contributor John Lasker			Registration Number, if PAC	
Street Address 6068 Woodsboro Dr	Employer/Occupation/Labor Organization* National Youth Advocate Program		Date (MM/DD/YYYY) 09/09/2019	Amount 20.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Tim Wagner			Registration Number, if PAC	
Street Address 1376 Melrose Ave	Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 09/09/2019	Amount 20.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, Etc) Cash	

* 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
42 / \$1875.00

Total Expenditures This Event
95.00

Page Total \$ 100.00