



**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 Michael La Rowe			Registration Number, if PAC	
Street Address 144 E Schreyer Pl	Employer/Occupation/Labor Organization* City of Columbus		Date (MM/DD/YYYY) 09/09/2019	Amount 40.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Paisha Thomas			Registration Number, if PAC	
Street Address 93 E Selby Blvd	Employer/Occupation/Labor Organization* Musician, self employed		Date (MM/DD/YYYY) 09/09/2019	Amount 5.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Ron White			Registration Number, if PAC	
Street Address 2467 Summit St	Employer/Occupation/Labor Organization* Nationwide Childrens Hospital		Date (MM/DD/YYYY) 09/09/2019	Amount 40.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Aaron Snyder			Registration Number, if PAC	
Street Address 2847 Melva Ave	Employer/Occupation/Labor Organization* Owner, Dick's Den		Date (MM/DD/YYYY) 09/09/2019	Amount 200.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Raymond Sauer			Registration Number, if PAC	
Street Address 526 E Como Ave	Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 09/09/2019	Amount 40.00
City Columbus	State OH	Zip Code 43202	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

Total Expenditures This Event

Page Total \$ 325.00