



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Motil for City Council				
Full Name of Contributor Ed Hoffman			Registration Number, if PAC	
Street Address 94 East Tulane Road		Employer/Occupation/Labor Organization* Hoffman Books/Owner		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43202	Date (MM/DD/YYYY) 06/10/2019	Amount 40.00
Full Name of Contributor Joe Sommer			Registration Number, if PAC	
Street Address 5672 Great Hall Court		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Cash
City Columbus	State OH <input type="checkbox"/>	Zip Code 43231	Date (MM/DD/YYYY) 06/29/2019	Amount 20.00
Full Name of Contributor Jane Messmer			Registration Number, if PAC	
Street Address 117 Highmeadow Drive		Employer/Occupation/Labor Organization* State of Ohio/Attorney		Form (Cash, Check, etc.) Credit Card
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Date (MM/DD/YYYY) 06/29/2019	Amount 10.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount

\*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)]