



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 Trina Marschall			Registration Number, if PAC	
Street Address 174 E Oakland Ave		Employer/Occupation/Labor Organization* Columbus City Schools		Date (MM/DD/YYYY) 09/09/2019
City Columbus		State OH	Zip Code 43214	Amount 40.00
		Form (Cash, Check, Etc) Cash		
Full Name of Contributor Jonathan Marshall			Registration Number, if PAC	
Street Address 134 W Beechwold Blvd		Employer/Occupation/Labor Organization* self employed		Date (MM/DD/YYYY) 09/09/2019
City Columbus		State OH	Zip Code 43214	Amount 75.00
		Form (Cash, Check, Etc) Check		
Full Name of Contributor Gary Witte			Registration Number, if PAC	
Street Address 180 N Chase Ave		Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/09/2019
City Columbus		State OH	Zip Code 43204	Amount 75.00
		Form (Cash, Check, Etc) Check		
Full Name of Contributor Robert Handelman			Registration Number, if PAC	
Street Address 3100 Midgard		Employer/Occupation/Labor Organization* lawyer self employed		Date (MM/DD/YYYY) 09/09/2019
City Columbus		State OH	Zip Code 43202	Amount 125.00
		Form (Cash, Check, Etc) Check		
Full Name of Contributor Wayne Freeman			Registration Number, if PAC	
Street Address 138 A Longview Ave		Employer/Occupation/Labor Organization* Jacoby Carbons, Chemist		Date (MM/DD/YYYY) 0-9/09/2019
City Columbus		State OH	Zip Code 43202	Amount 100.00
		Form (Cash, Check, Etc) Check		

* 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 \$ 415.00