



# Statement of Contributions Received

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Motil City Council				
Full Name of Contributor John O'Keefe			Registration Number, if PAC	
Street Address 6784 Joslyn Place	Employer/Occupation/Labor Organization* Not employed		Form (Cash, Check, etc.) credit card	
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/08/2019	Amount 25.00
Full Name of Contributor Paul Nini			Registration Number, if PAC	
Street Address 4268 Colerain Avenue	Employer/Occupation/Labor Organization* OSU/Professor		Form (Cash, Check, etc.) credit card	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 10/06/2019	Amount 40.00
Full Name of Contributor Chad Smith			Registration Number, if PAC	
Street Address 5628 Naiche Road	Employer/Occupation/Labor Organization* Columbus Public Schools/Teacher		Form (Cash, Check, etc.) credit card	
City Columbus	State OH	Zip Code 43213	Date (MM/DD/YYYY) 10/01/2019	Amount 25.00
Full Name of Contributor Stan Goodburn			Registration Number, if PAC	
Street Address 1980 Belcher Dr. Apt. A7	Employer/Occupation/Labor Organization* self/accountant		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 10/11/2019	Amount 100.00
Full Name of Contributor Teachers for Schools			Registration Number, if PAC	
Street Address 929 East Broad Street	Employer/Occupation/Labor Organization* Columbus Public School Teachers Labor Organization		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43205	Date (MM/DD/YYYY) 10/14/2019	Amount 2,000.00

\*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)]