



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Motil for City Council				
Full Name of Contributor Joe Sommer			Registration Number, if PAC	
Street Address 5672 Great Hall Court	Employer/Occupation/Labor Organization* retired/attorney		Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY) 06/29/2019	Amount 20.00
Full Name of Contributor Doug Allinger			Registration Number, if PAC	
Street Address 162 West Cooke Road	Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 07/09/2019	Amount 50.00
Full Name of Contributor Clark Cornell			Registration Number, if PAC	
Street Address 193 Fairlawn Avenue	Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 07/15/2019	Amount 10.00
Full Name of Contributor Joseph Motil			Registration Number, if PAC	
Street Address 167 West Cooke Road	Employer/Occupation/Labor Organization* Construction Safety Manager		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 09/04/2019	Amount 3,000.00
Full Name of Contributor Jerald Sullivan			Registration Number, if PAC	
Street Address 200.00	Employer/Occupation/Labor Organization* AEP/Linesman		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 08/11/2019	Amount 200.00

*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)]

Page Total 3,280.00