

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full			
MOTIL FOR CITY COUNCIL			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Joseph A. Motil	Elford, Inc.		
Street Address	Description of Item or Service	M	D
167 W. Cooke Rd.	printer ink	0	6
City	State	Y	Fair Market Value
Columbus	OH	1	5
		\$49.42	
		Received at Fundraising Event?	
		I YES I (NO)	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Joseph A. Motil	Elford, Inc.		
Street Address	Description of Item or Service	M	D
167 W. Cooke Rd.	postage stamps	0	7
City	State	Y	Fair Market Value
Columbus	OH	1	5
		\$39.20	
		Received at Fundraising Event?	
		I YES I (NO)	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Joseph A. Motil	Elford, Inc.		
Street Address	Description of Item or Service	M	D
167 W. Cooke Rd.	postage stamps	0	8
City	State	Y	Fair Market Value
Columbus	OH	2	3
		\$29.40	
		Received at Fundraising Event?	
		I YES I (NO)	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Joseph A. Motil	Elford, Inc.		
Street Address	Description of Item or Service	M	D
167 W. Cooke Rd.	printer ink	0	9
City	State	Y	Fair Market Value
Columbus	OH	2	8
		\$50.50	
		Received at Fundraising Event?	
		I YES I (NO)	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
		Received at Fundraising Event?	
		I YES I NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
		Received at Fundraising Event?	
		I YES I NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
		Received at Fundraising Event?	
		I YES I NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
		Received at Fundraising Event?	
		I YES I NO	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]