



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Moil for City Council				
Full Name of Contributor Bret Adams			Registration Number, if PAC	
Street Address 7155 Corazon Drive	Employer/Occupation/Labor Organization* Adams Partners/President		Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 10/30/2019	Amount 250.00
Full Name of Contributor Kathleen Gmeiner			Registration Number, if PAC	
Street Address 463 Hinman Avenue	Employer/Occupation/Labor Organization* not applicable		Form (Cash, Check, etc.) credit card	
City Columbus	State OH	Zip Code 43207	Date (MM/DD/YYYY) 10/30/2019	Amount 25.00
Full Name of Contributor Su Farnlacher			Registration Number, if PAC	
Street Address 151 West Cooke Road	Employer/Occupation/Labor Organization* not applicable		Form (Cash, Check, etc.) credit card	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 11/05/2019	Amount 50.00
Full Name of Contributor Joseph Motil			Registration Number, if PAC	
Street Address 167 West Cooke Road	Employer/Occupation/Labor Organization* not applicable		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 12/02/2019	Amount 200.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	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)]