



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Motil for City Council				
Full Name of Contributor Colleen McCarthy			Registration Number, if PAC	
Street Address 598 Mountain Laurel Drive		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check
City Aspen	State CO	Zip Code 81611	Date (MM/DD/YYYY) 05/15/2019	Amount 100.00
Full Name of Contributor Edward J. Harris			Registration Number, if PAC	
Street Address 237 East Cooke Road		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 05/28/2019	Amount 100.00
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
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
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)]

Page Total 200.00