



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Moti for City Council				
Full Name of Contributor Jerry Plaster			Registration Number, if PAC	
Street Address 2981 McGuffey Road	Employer/Occupation/Labor Organization* not employed		Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 10/02/2019	Amount 20.00
Full Name of Contributor Will Perkins			Registration Number, if PAC	
Street Address 1728 Northridge Road	Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) cash	
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 09/18/2019	Amount 10.00
Full Name of Contributor Timothy Wagner			Registration Number, if PAC	
Street Address 2089 Ontario Street	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 10/14/2019	Amount 50.00
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

*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)]