

Ohio Campaign Finance Report

Prescribed by Secretary of State 2/01

Full Name of Committee FRIENDS OF MOTIL						Registration Number, if PAC			
Full Name of Candidate Joseph A. Motil									
Street Address 1167 W. Cooke Rd.						Office Sought Columbus City Council		District	
City Columbus						State OH	Zip Code 43214		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year
	Special		July Monthly		August Monthly		September Monthly		2006
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M 05	D 06	Y 03	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box . No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	600.79
2. Total monetary contributions (From Form No. 31-A)	\$	0.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	600.79
5. Total monetary expenditures (From Form No. 31-B)	\$	233.00
6. Balance on hand (line 4 minus line 5)	\$	367.79
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	0.00

07 JAN 29 PM 4:15
 COUNTY CLERK

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

MONICA MOTIL, TREASURER
 Print Name and Title (Treasurer and Deputy Treasurer only)


 Signature

1/29/07
 Date

Contribution pages 0	Expenditure pages 2	Other pages 2	Total pages 5
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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
FRIENDS OF MOTIL							M	D	Y	Amount			
To Whom Paid Kilroy for Congress							0	6	2	3	0	6	100.00
Address				Purpose									
City		State		Zip Code		Check Number							
Columbus		OH				128							
To Whom Paid Key Bank							M	D	Y	Amount			
Address							0	1	3	1	0	6	10.75
Address				Purpose bank fees									
City		State		Zip Code		Check Number							
Columbus		OH											
To Whom Paid Keybank							M	D	Y	Amount			
Address							0	2	2	8	0	6	10.75
Address				Purpose bank fees									
City		State		Zip Code		Check Number							
Columbus		OH											
To Whom Paid Keybank							M	D	Y	Amount			
Address							0	3	3	1	0	6	10.75
Address				Purpose bank fees									
City		State		Zip Code		Check Number							
Columbus		OH											
To Whom Paid Keybank							M	D	Y	Amount			
Address							0	4	2	8	0	6	10.75
Address				Purpose bank fees									
City		State		Zip Code		Check Number							
Columbus		OH											
To Whom Paid Keybank							M	D	Y	Amount			
Address							0	5	3	1	0	6	10.75
Address				Purpose bank fees									
City		State		Zip Code		Check Number							
Columbus		OH											
To Whom Paid Keybank							M	D	Y	Amount			
Address							0	6	3	0	0	6	10.75
Address				Purpose bank fees									
City		State		Zip Code		Check Number							
Columbus		OH											
To Whom Paid Keybank							M	D	Y	Amount			
Address							0	7	3	1	0	6	14.25
Address				Purpose bank fees									
City		State		Zip Code		Check Number							
Columbus		OH											

Statement of Expenditures

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Name of Committee in Full FRIENDS OF MOTIL											
To Whom Paid Keybank						M	D	Y	Amount		
Address Keybank						0	8	3	1	0	75
Purpose bank fees											
City Columbus		State OH		Zip Code		Check Number					
To Whom Paid Keybank						M	D	Y	Amount		
Address Keybank						0	9	2	9	0	75
Purpose bank fees											
City Columbus		State OH		Zip Code		Check Number					
To Whom Paid Keybank						M	D	Y	Amount		
Address Keybank						1	0	3	1	0	75
Purpose bank fees											
City Columbus		State OH		Zip Code		Check Number					
To Whom Paid Keybank						M	D	Y	Amount		
Address Keybank						1	1	3	0	0	75
Purpose bank fees											
City Columbus		State OH		Zip Code		Check Number					
To Whom Paid Keybank						M	D	Y	Amount		
Address Keybank						1	2	2	9	0	75
Purpose bank fees											
City Columbus		State OH		Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount		
Address											
City		State		Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount		
Address											
City		State		Zip Code		Check Number					
To Whom Paid						M	D	Y	Amount		
Address											
City		State		Zip Code		Check Number					