

# Ohio Campaign Finance Report

Prescribed by Secretary of State 2-01

FILED

08 JAN 21 2008

FRANKLIN COUNTY  
BOARD OF ELECTIONS

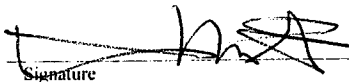
Full Name of Committee <b>Friends of Motil</b>		Registration Number <b>044</b>	
Full Name of Candidate <b>Joseph A. Motil</b>			
Street Address <b>167 W. Cooke Rd.</b>		Office Sought <b>Columbus City Council</b>	District
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General
	<input type="checkbox"/> Special	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly
			Annual Year <b>2007</b>
			September Monthly Termination
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	<b>01 5 06 03</b>

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	\$	<b>367.79</b>
2. Total monetary contributions (From Form No. 31-A)	\$	<b>0.00</b>
3. Total other income (From Form No. 31-A-2)	\$	<b>0.00</b>
4. Total funds available (sum of lines 1, 2, 3)	\$	<b>367.79</b>
5. Total monetary expenditures (From Form No. 31-B)	\$	<b>129.00</b>
6. Balance on hand (line 4 minus line 5)	\$	<b>238.79</b>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<b>0.00</b>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	<b>0.00</b>
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<b>0.00</b>
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	<b>0.00</b>
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	<b>0.00</b>
12. Value of independent expenditures made (From Form No. 31-U)	\$	<b>0.00</b>
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

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.

**MONICAMOTIL, TREASURER**  
Print Name and Title (Treasurer and Deputy Treasurer only)

  
Signature

**1/30/08**  
Date

Contribution pages **0**

Expenditure pages **2**

Other pages **1**

Total pages **4**

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Friends of Motil</b>													
To Whom Paid <b>Keybank</b>							M	D	Y	Amount			
Address <b>Keybank</b>							0	9	2	8	0	7	10.75
City <b>Columbus</b>				Purpose <b>bank fees</b>		State <b>OH</b>		Zip Code		Check Number			
To Whom Paid <b>Keybank</b>							M	D	Y	Amount			
Address <b>Keybank</b>							1	0	3	1	0	7	10.75
City <b>Columbus</b>				Purpose <b>bank fees</b>		State <b>OH</b>		Zip Code		Check Number			
To Whom Paid <b>Keybank</b>							M	D	Y	Amount			
Address <b>Keybank</b>							1	1	3	0	0	7	10.75
City <b>Columbus</b>				Purpose <b>bank fees</b>		State <b>OH</b>		Zip Code		Check Number			
To Whom Paid <b>Keybank</b>							M	D	Y	Amount			
Address <b>Keybank</b>							1	2	3	1	0	7	10.75
City <b>Columbus</b>				Purpose <b>bank fees</b>		State <b>OH</b>		Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount			
Address													
City				Purpose		State		Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount			
Address													
City				Purpose		State		Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount			
Address													
City				Purpose		State		Zip Code		Check Number			
To Whom Paid							M	D	Y	Amount			
Address													
City				Purpose		State		Zip Code		Check Number			

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Friends of Motil							
To Whom Paid				M	D	Y	Amount
Keybank				0	13	07	10.75
Address		Purpose				Check Number	
		bank fees					
City		State	Zip Code	Check Number			
Columbus		OH					
To Whom Paid				M	D	Y	Amount
Keybank				0	22	07	10.75
Address		Purpose				Check Number	
		bank fees					
City		State	Zip Code	Check Number			
Columbus		OH					
To Whom Paid				M	D	Y	Amount
Keybank				0	33	07	10.75
Address		Purpose				Check Number	
		bank fees					
City		State	Zip Code	Check Number			
Columbus		OH					
To Whom Paid				M	D	Y	Amount
Keybank				0	43	07	10.75
Address		Purpose				Check Number	
		bank fees					
City		State	Zip Code	Check Number			
Columbus		OH					
To Whom Paid				M	D	Y	Amount
Keybank				0	53	07	10.75
Address		Purpose				Check Number	
		bank fees					
City		State	Zip Code	Check Number			
Columbus		OH					
To Whom Paid				M	D	Y	Amount
Keybank				0	62	07	10.75
Address		Purpose				Check Number	
		bank fees					
City		State	Zip Code	Check Number			
Columbus		OH					
To Whom Paid				M	D	Y	Amount
Keybank				0	73	07	10.75
Address		Purpose				Check Number	
		bank fees					
City		State	Zip Code	Check Number			
Columbus		OH					
To Whom Paid				M	D	Y	Amount
Keybank				0	83	07	10.75
Address		Purpose				Check Number	
		bank fees					
City		State	Zip Code	Check Number			
Columbus		OH					