

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
09 OCT 29 PM 12: 51

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Motil for City Council		Registration Number, if PAC	
Full Name of Candidate Joseph A. Motil			
Street Address 167 West Cooke Road		Office Sought Columbus City Council	District
City Columbus		State OH	Zip Code 43214
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"/> 5 DAY Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Termination	<input type="checkbox"/> Annual Year	<input type="checkbox"/> Semiannual
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	1 ^M 1 ^D 0 ³ 0 ^Y 9

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	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$570.00
3. Total other income (From Form No. 31-A-2)	\$.
4. Total funds available (sum of lines 1, 2, 3)	\$	\$570.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$114.28
6. Balance on hand (line 4 minus line 5)	\$	\$455.72
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$150.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$.
9. Outstanding loans owed by committee (From Form No. 31-C)	\$.
10. Outstanding debts owed by committee (From Form No. 31-N)	\$.
11. Outstanding loans owed to committee (From Form No. 31-K)	\$.
12. Value of independent expenditures made (From Form No. 31-U)	\$.
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.

Michael F. Motil, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

10/29/09

Date

Contribution pages 12

Expenditure pages 13

Other pages 31

Total pages 57

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Motil for City Council										
Full Name of Contributor Laborers International Union of North America; Local 423 PAC Fund							Registration Number, if PAC LA 912			
Street Address 620 Alum Creek Drive			Employer/Occupation/Labor Organization* Labor Organization				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43205		M 0	D 8	Y 25	Amount \$500.00	Y 09	
Full Name of Contributor Bill and Lola Vanderdoes										
Street Address 20 East Oakland Avenue							Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Cash
City Columbus		State OH	Zip Code 43202		M 0	D 9	Y 20	Amount \$20.00	Y 09	
Full Name of Contributor Michael J. West										
Street Address 345 East Longview							Employer/Occupation/Labor Organization* Fire Emergency Equipment			Form (Cash, Check, etc.) Check
City Columbus		State OH	Zip Code 43202		M 1	D 0	Y 21	Amount \$50.00	Y 09	
Full Name of Contributor										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State OH	Zip Code		M	D	Y	Amount	Y	
Full Name of Contributor										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State OH	Zip Code		M	D	Y	Amount	Y	
Full Name of Contributor										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State OH	Zip Code		M	D	Y	Amount	Y	
Full Name of Contributor										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State OH	Zip Code		M	D	Y	Amount	Y	
Full Name of Contributor										
Street Address							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City		State OH	Zip Code		M	D	Y	Amount	Y	

* 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)]

