



# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Motil for City Council				
Full Name of Contributor John Pickeltine			Registration Number, if PAC	
Street Address 1765 Landshire Ct	Employer/Occupation/Labor Organization* Alliance Data		Date (MM/DD/YYYY) 09/09/2019	Amount 20.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, Etc) Cash	
Full Name of Contributor AAmy Strawser			Registration Number, if PAC	
Street Address 2634 Glenmawr Ave	Employer/Occupation/Labor Organization* Ohio State Univ.		Date (MM/DD/YYYY) 09/09/2019	Amount 20.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Christie Mc Alpire			Registration Number, if PAC	
Street Address 815 Eddystone Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 09/09/2019	Amount 20.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Frank Goodburn			Registration Number, if PAC	
Street Address 338 Naiche Ct	Employer/Occupation/Labor Organization* Goodburn & Sons Remodeling		Date (MM/DD/YYYY) 09/09/2019	Amount 20.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Susan Moussi			Registration Number, if PAC	
Street Address 71 Acton Rd	Employer/Occupation/Labor Organization* Self Employed Accounting		Date (MM/DD/YYYY) 09/09/2019	Amount 20.00
City Columbus	State OH	Zip Code	Form (Cash, Check, Etc) Cash	

\* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event

Total Expenditures This Event

Page Total \$ 100.00