

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

Form 31-E

					R.C. 3317.10(B)
Full Name of Committee					
COMMITTEE TO ELECT MORGAN MASTE	ER				
Full Name of Contributor				Registration Number, if PAC	
Mark Collins LPA					
Street Address	Employer/	Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
492 S. High St.				06 30 17	150.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Columbus	o	ЭH	43215	Check	
Full Name of Contributor			 	Registration Number, if PAC	MONTH System with Street and Street S
Lisa Wright					
Street Address Employ		yer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
11183 Salem Station Blvd. Apt. G				06 30 17	250.00
City	s	State	Zip Code	Form (Cash, Check, Etc	A REAL PROPERTY OF THE PROPERT
Fredericksburg	C	ЭН	22407	Check	
Full Name of Contributor			<u> </u>	Registration Number, if PAC	Call Maria and Call Court on the Call Court of t
Jeff Linn					
Street Address	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount	
2134 Bigby Hollow St.				06 30 17	200.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Columbus	c	ЭН	43228	Check	
Full Name of Contributor				Registration Number, if PAC	
Michael Fultz			•		
Street Address	Employer/	yer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
452 S. Otterbein Ave				06 30 17	200.00
City	S	State	Zip Code	Form (Cash, Check, Etc	
Westerville	c	ЭH	43081	Check	Tresmonites of 1700
Full Name of Contributor				Registration Number, if PAC	
Dennis McNamara					
Street Address	Employer/	Occupat	tion/Labor Organization*	Date (MM/DD/YYYY)	Amount
3966 Farlington Dr,				06 30 17	50.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Columbus	C	DН	43220	Check	
+ Danish of far annulability from from individuals are \$400		C	anaral Assambly sandida	tos. If contributor is self-employe	d the occupation and the

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 No. 31-E" and list the date of the event in the date column

Total	Contributions	This	Event

Total	Expendit	ures	This	Event

F	Page 1	otal \$	850.00		
F	Page 1	otal \$	850.00		

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)]