



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Columbus Sheet			Registration Number, if PAC	
Street Address 3035 Lane Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY) 08 29 17	Amount 150.0
Full Name of Contributor Carpenter Lipps & Leland (Kort Gatterdam)			Registration Number, if PAC	
Street Address 290 N. High St,		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08 25 17	Amount 150.00
Full Name of Contributor Columbus Franklin County AFL-CIO PCE			Registration Number, if PAC	
Street Address 1545 Alum Creek Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 08 30 17	Amount 250.00
Full Name of Contributor Christopher Minillo			Registration Number, if PAC	
Street Address 1500 W. Third Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09 13 17	Amount 150.00
Full Name of Contributor Paul Aucoin			Registration Number, if PAC	
Street Address 577 S. High St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08 30 17	Amount 250.00

*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)]