



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Firefighters Local 67 PAC Fund			Registration Number, if PAC LA 839	
Street Address 379 W. Broad 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 1000.00
Full Name of Contributor Randy Hostetler			Registration Number, if PAC	
Street Address 809 Claridon northern Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Caledonia	State OH	Zip Code 43314	Date (MM/DD/YYYY) 08 29 17	Amount 100.00
Full Name of Contributor James Tragtzer			Registration Number, if PAC	
Street Address 1560 Likens Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Marion	State OH	Zip Code 43302	Date (MM/DD/YYYY) 09 11 17	Amount 250.00
Full Name of Contributor Kirk McIntyre			Registration Number, if PAC	
Street Address 4567 Harding Hwy E		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Caledonia	State OH	Zip Code 43314	Date (MM/DD/YYYY) 09 12 17	Amount 500.00
Full Name of Contributor Thomas Quickel			Registration Number, if PAC	
Street Address 1825 Vanderbilt Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Loveland	State OH	Zip Code 45140	Date (MM/DD/YYYY) 09 18 17	Amount 100.00

*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)]