

FOR PAPER FILING ONLY

Statement of Contributions Received

at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date **03/23/17**
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Name of Committee in Full Committee to Elect Morgan Masters							
Full Name of Contributor Edward Sweeney				Registration Number, if PAC			
Street Address 3801 Norbrook Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
032317						50.00	
City Columbus		State OH	Zip Code 43302	Form (Cash, Check, etc.) Check			
Full Name of Contributor Kura Wilford & Schregardus Co., LPA				Registration Number, if PAC			
Street Address 492 City Park Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
032317						500.00	
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael Sexton				Registration Number, if PAC			
Street Address 984 Highland		Employer/Occupation/Labor Organization*		M	D	Y	Amount
032317						50.00	
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) Check			
Full Name of Contributor Brian Morgan				Registration Number, if PAC			
Street Address 3624 Dinsmore Castle Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
032317						100.00	
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Lumumba McCord				Registration Number, if PAC			
Street Address 844 S. Front St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
032317						200.00	
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Norman Anderson				Registration Number, if PAC			
Street Address 295 Stewart Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
032317						100.00	
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Richanne Zymkoski				Registration Number, if PAC			
Street Address 2128 Poplar St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
032317						200.00	
City Columbus		State OH	Zip Code 43207	Form (Cash, Check, etc.) Check			

* 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

0.00

Total expenditures this event.

0.00

Page Total \$ **1200.00**