

FOR PAPER FILING ONLY

Statement of Contributions Received

at a Social or Fund-Raising Event

Event Date **03/23/17**
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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Morgan Masters				
Full Name of Contributor John Beavers			Registration Number, if PAC	
Street Address 4095 Hayden Lofts Pl., Apt. 307	Employer/Occupation/Labor Organization*		M 0	D 3
City Dublin	State OH	Zip Code 43017	Y 1	Amount 150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sheryl Munson			Registration Number, if PAC	
Street Address 375 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 1	Amount 100.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Will Nesbit			Registration Number, if PAC	
Street Address 7600 Forest Knoll	Employer/Occupation/Labor Organization*		M 0	D 2
City Dublin	State OH	Zip Code 43061	Y 1	Amount 150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Diana Call			Registration Number, if PAC	
Street Address 630 Normandy Dr.	Employer/Occupation/Labor Organization*		M 0	D 3
City Marion	State OH	Zip Code 43302	Y 1	Amount 100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jerry Call			Registration Number, if PAC	
Street Address 630 Normandy Dr.	Employer/Occupation/Labor Organization*		M 0	D 3
City Marion	State OH	Zip Code 43202	Y 1	Amount 100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				

* 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

4240.00

Total expenditures this event.

0.00

Page Total \$ **600.00**