

FOR PAPER FILING ONLY

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

Prescribed by Secretary of State 03/05

Event Date **02/16/17**

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Name of Committee in Full Committee to Elect Morgan Masters					
Full Name of Contributor Brian Williams				Registration Number, if PAC	
Street Address 458 E. Whittier St.		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43206	Y 1	Amount 20.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor Mark Collins				Registration Number, if PAC	
Street Address 492 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43215	Y 1	Amount 150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Jason Kester				Registration Number, if PAC	
Street Address 2284 Breeze Hill Dr.		Employer/Occupation/Labor Organization*		M 0	D 2
City Grove City		State OH	Zip Code 43123	Y 1	Amount 50.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor Joseph Landusky				Registration Number, if PAC	
Street Address 901 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43206	Y 1	Amount 300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Toure McCord				Registration Number, if PAC	
Street Address 844 S. Front St.		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43206	Y 1	Amount 100.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor Sherman Alverson				Registration Number, if PAC	
Street Address 206 Fountain Ave.		Employer/Occupation/Labor Organization*		M 0	D 2
City Dayton		State OH	Zip Code 45431	Y 1	Amount 100.00
				Form (Cash, Check, etc.) Cash	
Full Name of Contributor Brandi Garcia				Registration Number, if PAC	
Street Address 8639 Bella Woods Dr.		Employer/Occupation/Labor Organization*		M 0	D 2
City Lewis Center		State OH	Zip Code 43035	Y 1	Amount 100.00
				Form (Cash, Check, etc.) Cash	

* 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 \$ **820.00**