

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

Form 31-E R.C. 3517.10(B)

Full Name of Committee					
Full Name of Committee	ED.				
COMMITTEE TO ELECT MORGAN MASTER					
Full Name of Contributor				Registration Number, if PAC	
Luther Miller					
Street Address	Employer/Occupation/Labor Organization*		on/Labor Organization*	Date (MM/DD/YYYY)	Amount
1535 Marion Williamsport Rd E			1	06 30 17	100.00
City	s	tate	Zip Code	Form (Cash, Check, Etc	
Marion	0	Н	43302	Check	
Full Name of Contributor				Registration Number, if PAC	Displace from the desire of the second of the second of
Charles Speelman					
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
2375 Eckert RD				06 30 17	100.00
City	s	tate	Zip Code	Form (Cash, Check, Etc	And the state of t
Mansfield	0	н	44904	Check	
Full Name of Contributor				Registration Number, if PAC	
Gregory Quickel					
Street Address	Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount
6313 Rodd Bnd	 			06 30 17	400.00
City	s	tate	Zip Code	Form (Cash, Check, Etc	
Dublin	C	Н	43016	Check	
Full Name of Contributor				Registration Number, if PAC	
Robert Haas					
Street Address	Employer/	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
1777 Oxford Dr				06 30 17	125.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Marion	c	H	43302	Check	
Full Name of Contributor				Registration Number, if PAC	
Jeff Thompson LLC					
Street Address	Employer/	Employer/Occupation/Labor Organization*		,	Amount
580 S High ST.				06 30 17	460.00
City	s	State	Zip Code	Form (Cash, Check, Etc	
Columbus	c	ЭH	43215	Check	
				toe If contributor is self-employe	ed, the accumation and the

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

Total Expenditures This Event

Page Total \$ 1185.00

Required for contributions from individuals over \$100 to statewide and General Assembly cand 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)]