

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**
Page **4**

Name of Committee in Full Committee to Elect Morgan Masters				
Full Name of Contributor Travis Calkins			Registration Number, if PAC	
Street Address 1117 Townsview Pl.	Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 1 7	Amount 100.00
City Wooster	State OH	Zip Code 44691	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Ross Neu			Registration Number, if PAC	
Street Address 7204 N. Rural St.	Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 1 7	Amount 100.00
City Indianapolis	State OH	Zip Code 46240	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Contribution \$25.00 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 1 7	Amount 100.00
City	State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Nathaniel Thomas			Registration Number, if PAC	
Street Address 5150 Maplewood Ct.	Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 1 7	Amount 100.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Kurt Berry Sr.			Registration Number, if PAC	
Street Address 3507 Mautino Dr.	Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 1 7	Amount 100.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Miranda Lerner			Registration Number, if PAC	
Street Address 2650 Steiner House	Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 1 7	Amount 100.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Deb Varner			Registration Number, if PAC	
Street Address 7750 Prosepect Dubiln Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 1 7	Amount 100.00
City Prosepect	State OH	Zip Code 43342	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 \$ **700.00**