



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Timothy Mooney			Registration Number, if PAC	
Street Address 105 State Rt 309		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Caledonia	State OH	Zip Code 43314	Date (MM/DD/YYYY) 06 23 17	Amount 100.00
Full Name of Contributor Luftman Heck and Associates			Registration Number, if PAC	
Street Address 580 East Rich St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 06 23 17	Amount 400.00
Full Name of Contributor Dye Law Office			Registration Number, if PAC	
Street Address 555 S. 3rd St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 07 27 17	Amount 250.00
Full Name of Contributor Shawn Swanson			Registration Number, if PAC	
Street Address 2005 W Lane Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 07 07 17	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]