

# 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 **2**

Name of Committee in Full <b>Committee to Elect Morgan Masters</b>				
Full Name of Contributor <b>Steven Larson</b>			Registration Number, if PAC	
Street Address <b>4967 Smoketalk Lane</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43081</b>	Y <b>2</b>	Amount <b>100.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Doucet &amp; Associates Co., LPA</b>			Registration Number, if PAC	
Street Address <b>700 Stonehenge Parkway</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	Y <b>2</b>	Amount <b>150.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Michael A. Moses</b>			Registration Number, if PAC	
Street Address <b>100 E. Broad St., Ste. 1350</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>2</b>	Amount <b>100.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Adam Friedman</b>			Registration Number, if PAC	
Street Address <b>1292 S. 4th St.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Y <b>2</b>	Amount <b>50.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Yavitch &amp; Palmer Co., LPA -- Steve Palmer</b>			Registration Number, if PAC	
Street Address <b>511 S. High St.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>2</b>	Amount <b>500.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Kylie Keitch</b>			Registration Number, if PAC	
Street Address <b>629 Brighton St.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43147</b>	Y <b>2</b>	Amount <b>100.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Robert Kraypence</b>			Registration Number, if PAC	
Street Address <b>1069 Lakegrove Ct.</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>3</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	Y <b>2</b>	Amount <b>250.00</b>
Form (Cash, Check, etc.) <b>Check</b>				

\* 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 \$ **1250.00**