



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Courtney Duncan			Registration Number, if PAC	
Street Address 12855 Wheaton Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY) 04 13 17	Amount 50.00
Full Name of Contributor Merisa Bowers			Registration Number, if PAC	
Street Address 400 S. Fifth St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 05 19 17	Amount 25.00
Full Name of Contributor Mathew Copsey			Registration Number, if PAC	
Street Address 228 Pingree Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 06 10 17	Amount 50.00
Full Name of Contributor Jessica Fallon			Registration Number, if PAC	
Street Address 4100 Pegg Ave.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 06 22 17	Amount 400.00
Full Name of Contributor Kylie Keitch			Registration Number, if PAC	
Street Address 360 S. Yearling Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Whitehall	State OH	Zip Code 43213	Date (MM/DD/YYYY) 06 28 17	Amount 400.00

*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)]