



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS			
Full Name of Contributor Net Brands Media		Registration Number, if PAC	
Street Address 14550 Beechnut St.	Type* Refund	Date (MM/DD/YYYY) 05 17 17	Form (Cash, Check, etc.) Acct Credit
City Houston	State TX	Zip Code 77083	Amount 16.75
Full Name of Contributor Sign Rocket		Registration Number, if PAC	
Street Address 340 Broadway Ave	Type* Refund	Date (MM/DD/YYYY) 09 05 17	Form (Cash, Check, etc.) Acct Credit
City St. Paul	State MN	Zip Code 55071	Amount 250.00
Full Name of Contributor The Lamar Companies		Registration Number, if PAC	
Street Address P.O. Box 66338	Type* Refund	Date (MM/DD/YYYY) 08 18 17	Form (Cash, Check, etc.) Check
City Baton Rouge	State LA	Zip Code 70896	Amount 6680.00
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.