

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date	02/16/17
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Name of Committee in Full Committee to Elect Morgan Masters				
Full Name of Contributor Tom Hayes			Registration Number, if PAC	
Street Address 65 E. Livingston	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43215	Y 1	Amount 500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Chris Brown			Registration Number, if PAC	
Street Address 968 Euclaire Ave.	Employer/Occupation/Labor Organization*		M 0	D 2
City Bexley	State OH	Zip Code 43209	Y 1	Amount 100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kristie Williams			Registration Number, if PAC	
Street Address 1100 Oxfordshire Dr.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43228	Y 1	Amount 250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert Bernard			Registration Number, if PAC	
Street Address 47 Victorian Gate Way	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43228	Y 1	Amount 100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Joel Campbell			Registration Number, if PAC	
Street Address 575 S. Third St.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43215	Y 1	Amount 150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kevin Mulrane			Registration Number, if PAC	
Street Address 1527 Doone Rd.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43221	Y 1	Amount 50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Megan Grant			Registration Number, if PAC	
Street Address 1188 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43206	Y 1	Amount 250.00
Form (Cash, Check, etc.) Check				

* 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 \$	1400.00
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