

FOR PAPER FILING ONLY

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

Prescribed by Secretary of State 03/05

Event Date **04/07/17**
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Name of Committee in Full Committee to Elect Morgan Masters				
Full Name of Contributor Mike Fultz			Registration Number, if PAC	
Street Address 452 S. Otterbein Ave.	Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville	State OH	Zip Code 43082	Y 1	Amount 100.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Lauren Swihart			Registration Number, if PAC	
Street Address 9262 Worthington Rd. #205	Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville	State OH	Zip Code 43082	Y 1	Amount 60.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor George Breitmeyer			Registration Number, if PAC	
Street Address 7180 Emmet Row Ln.	Employer/Occupation/Labor Organization*		M 0	D 4
City Dublin	State OH	Zip Code 43017	Y 1	Amount 100.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Ryan Shafer			Registration Number, if PAC	
Street Address 501 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 1	Amount 100.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor John Caton			Registration Number, if PAC	
Street Address 5095 Breckenhurst Dr.	Employer/Occupation/Labor Organization*		M 0	D 4
City Hilliard	State OH	Zip Code 43026	Y 1	Amount 80.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Luftman, Heck and Associates -- Ben Luftman			Registration Number, if PAC	
Street Address 580 E. Rich St.	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 1	Amount 500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Cleve Johnson			Registration Number, if PAC	
Street Address 495 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	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 \$ **1190.00**