

08	10	17	Page 1

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

Form 31-E

	R.C. 3517.10(B)
Full Name of Committee	
COMMITTEE TO ELECT MORGAN MASTER	

Full Name of Contributor				Registration Number, if PAC	
				Registration Number, ii FAC	
Kurt Foster					
Street Address	Employe	r/Occupa	ation/Labor Organization*	, ,	Amount
8187 Shannon Glenn Rd				08 10 17	50.00
City	•	State	Zip Code	Form (Cash, Check, Etc	
Dublin		ОН	43016	Check	
Full Name of Contributor			<u>'</u>	Registration Number, if PAC	Different Marchael (1994) (1994)
Brian Resnick					
Street Address	Employe	r/Occupa	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
8790 Davington Dr.				08 10 17	25.00
City		State	Zip Code	Form (Cash, Check, Etc	
Dublin		ОН	43017	Check	
Full Name of Contributor		Registration Number, if PAC			
Joe Scholler					
Street Address	Employe	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
9277 Centre Pte Dr 300				08 10 17	250.00
City		State	Zip Code	Form (Cash, Check, Etc	
West Chester		ОН	45069	Check	
Full Name of Contributor			a barraria	Registration Number, if PAC	Additional Conference of the C
Donald Crain					
Street Address	Employe	r/Occup	ation/Labor Organization*	Date (MM/DD/YYYY)	Amount
9277 Centre Pte Dr 300				08 10 17	250.00
City	- 100	State	Zip Code	Form (Cash, Check, Etc	
West Chester	i	ОН	45069	Check	
Full Name of Contributor		Registration Number, if PAC			
Adam Hall					
Street Address	Employe	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount
9277 Centre Pte Dr 300				08 10 17	250.00
City		State	Zip Code	Form (Cash, Check, Etc	
West Chester		ОН	45069	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	Contribution	ons This	Event

Total Expenditures	This	Event

205.22	
Page Total \$	