



# Statement of Contributions Received

Form 31-A

ORC 3517.10

|  |   |                   |                                     |                 |
|--|---|-------------------|-------------------------------------|-----------------|
| <b>Full Name of Committee</b><br>COMMITTEE TO ELECT MORGAN MASTERS |   |                   |                                     |                 |
| Full Name of Contributor<br>Joseph Rettorf                         |   |                   | Registration Number, if PAC         |                 |
| Street Address<br>Rt Advisors                                      | Employer/Occupation/Labor Organization* |                   | Form (Cash, Check, etc.)<br>Pay Pal |                 |
| City<br>Columbus   | State<br>OH                             | Zip Code<br>43215 | Date (MM/DD/YYYY)<br>10 12 17       | Amount<br>25.00 |
| Full Name of Contributor<br>Jennifer House                         |   |                   | Registration Number, if PAC         |                 |
| Street Address<br>245 E. 2nd Ave                                   | Employer/Occupation/Labor Organization* |                   | Form (Cash, Check, etc.)<br>Pay Pal |                 |
| City<br>Columbus   | State<br>OH                             | Zip Code<br>43201 | Date (MM/DD/YYYY)<br>10 13 17       | Amount<br>50.00 |
| Full Name of Contributor   |   |                   | Registration Number, if PAC         |                 |
| Street Address   | Employer/Occupation/Labor Organization* |                   | Form (Cash, Check, etc.)            |                 |
| City   | State<br>OH                             | Zip Code          | Date (MM/DD/YYYY)                   | Amount          |
| Full Name of Contributor   |   |                   | Registration Number, if PAC         |                 |
| Street Address   | Employer/Occupation/Labor Organization* |                   | Form (Cash, Check, etc.)<br>Pay Pal |                 |
| City   | State<br>OH                             | Zip Code          | Date (MM/DD/YYYY)                   | Amount          |
| Full Name of Contributor   |   |                   | Registration Number, if PAC         |                 |
| Street Address   | Employer/Occupation/Labor Organization* |                   | Form (Cash, Check, etc.)<br>Pay Pal |                 |
| City   | State<br>OH                             | Zip Code          | Date (MM/DD/YYYY)                   | Amount          |

\*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)]