



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Carpenter Lipps & Leland, LLP -- Kort Gatterdam			Registration Number, if PAC	
Street Address 280 Plaza St. Ste 1300	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10 12 17	Amount 100.00
Full Name of Contributor Vory Sater Seymour and Pease			Registration Number, if PAC OH109	
Street Address 52 E. Gay St.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10 19 17	Amount 2000.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State 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.)	
City	State 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.)	
City	State 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)]