



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

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> COMMITTEE TO ELECT MORGAN MASTER				
Full Name of Contributor Colmbus/Central Ohio Building Trades Council			Registration Number, if PAC	
Street Address 555 E. Rich St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06 30 17	Amount 475.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Joshua Hall			Registration Number, if PAC	
Street Address 844 S. Front St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06 30 17	Amount 250.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, Etc) Check	
Full Name of Contributor Joel Cambpell			Registration Number, if PAC	
Street Address 575 South Third St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06 30 17	Amount 200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Division 8 Glass LLC			Registration Number, if PAC	
Street Address 2842 Marion-Waldo Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06 30 17	Amount 250.00
City Marion	State OH	Zip Code 43302	Form (Cash, Check, Etc) Check	
Full Name of Contributor Carpenters Local Union 200			Registration Number, if PAC	
Street Address 1545 Alum Creek Dr.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 06 30 17	Amount 475.00
City Columbus	State OH	Zip Code 43209	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

Total Expenditures This Event

Page Total \$ 1650.00