31-E R.C. 3517.10(B)

FOR PAPER FILING ONL Frent Date 02/16/17 Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Morgan Masters			
Full Name of Contributor Welker Albeit, LLP - Mark Albeit			Registration Number, if PAC
Street Address 48 W. Whittier St.	Employer/Occupation/Labor Organization*		0 2 1 6 1 7 Amount 100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor Plymale & Dingus - Shawn Dingus	<u> </u>		Registration Number, if PAC
Street Address 250 Civic Center Dr., Suite 600	Employer/Occupation/Labor Organization*		0 2 1 6 1 7 Amount 250.00
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor SMDHLS Bonding Company - Woody	/ Fox		Registration Number, if PAC
Street Address 571 S. High St.	Employer/Occupation/Labor Organization*		0 2 1 6 1 7 Amount 250.00
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Nieman Law Office Adam Nieman			Registration Number, if PAC
Street Address 1243 S. High St.	Employer/Occupation/Labor Organization*		0 2 1 6 1 7 Amount 600.00
City Columbus	Sta te OH	Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor Will Nesbitt			Registration Number, if PAC
Street Address 7600 Forest Knoll Dr.	Employer/Occupation/Labor Organization*		0 2 1 6 1 7 Amount 250.00
Dublin	OH_	Zip Code 43017	Form (Cash, Check, etc.) Check
Full Name of Contributor Koffel Law Firm Dan Sabol			Registration Number, if PAC
Street Address 1801 Watermark Dr., Ste. 350		ation/Labor Organization*	0 2 1 6 1 7 Amount 500.00
Columbus	OH State	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Marco Miller			Registration Number, if PAC
Street Address 6293 Ballmer Rd.	Employer/Occupation/Labor Organization*		0 2 1 6 1 7 Amount 50.00
Canal Winchester	OH	Zip Code 43110	Form (Cash, Check, etc.) Cash

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.		
0.00	0.00		
1		2000.00	

^{*} 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)]