



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor John Fox			Registration Number, if PAC	
Street Address 891 Tamara Dr. S.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 09 03 17	Amount 100.00
Full Name of Contributor Michael Probst			Registration Number, if PAC	
Street Address 1207 Grandview Ave #205		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09 11 17	Amount 150.00
Full Name of Contributor Amy Harkins			Registration Number, if PAC	
Street Address 56 E. Kanawha Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 10 09 17	Amount 25.00
Full Name of Contributor Edward Szczypinski			Registration Number, if PAC	
Street Address 76 E. Chestnut St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10 10 17	Amount 25.00
Full Name of Contributor Tom Gjostein			Registration Number, if PAC	
Street Address 307 E., Livingston Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10 10 17	Amount 250.00

*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)]