



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) 03 19 17	Amount 100.00
Full Name of Contributor Mick Arnett			Registration Number, if PAC	
Street Address 2707 Christine Boulevard	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY) 03 10 17	Amount 10.00
Full Name of Contributor James Nuzum			Registration Number, if PAC	
Street Address 1042 Cloverly Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 03 15 17	Amount 100.00
Full Name of Contributor Rick Varner			Registration Number, if PAC	
Street Address 7750 Prosepect Dublin Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Prospect	State OH	Zip Code 43342	Date (MM/DD/YYYY) 03 21 17	Amount 50.00
Full Name of Contributor Jaqueline Vincent			Registration Number, if PAC	
Street Address 2703 Barrows Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Columbus	State OH	Zip Code 43232	Date (MM/DD/YYYY) 03 28 17	Amount 25.00

*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)]