



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Vitaly Fedorchuk			Registration Number, if PAC	
Street Address 5850 Passage Creek Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 06 30 17	Amount 100.00
Full Name of Contributor Vitaly Fedorchuk			Registration Number, if PAC	
Street Address 5850 PAssage Creek Dr,		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 06 30 17	Amount 100.00
Full Name of Contributor Steve Fox			Registration Number, if PAC	
Street Address 2335 Yuma Dr,		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City London	State OH	Zip Code 43140	Date (MM/DD/YYYY) 07 18 17	Amount 350.00
Full Name of Contributor The Demora Group			Registration Number, if PAC	
Street Address 100 Warren St,		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08 08 17	Amount 50.00
Full Name of Contributor Melissa Lindsey			Registration Number, if PAC	
Street Address 7566 Mapletrunk Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 08 27 17	Amount 100.00

*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)]