



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Marquis Lovejoy			Registration Number, if PAC	
Street Address 5150 Maplewood Ct W		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY) 04 27 17	Amount 100.00
Full Name of Contributor Jeffrey Berndt			Registration Number, if PAC	
Street Address 575 S. High St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Chceck
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 04 21 17	Amount 100.00
Full Name of Contributor Margaret Badurina			Registration Number, if PAC	
Street Address 2715 Greenspire Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 04 20 17	Amount 50.00
Full Name of Contributor Stonewall Democrats of Central Ohio			Registration Number, if PAC	
Street Address 2715 Greenspire Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 04 20 17	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]

Page Total 350.00