



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Joe Loudenslager			Registration Number, if PAC	
Street Address 4536 Hansen Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	Date (MM/DD/YYYY) 06 19 17	Amount 400.00
Full Name of Contributor Randall Masters			Registration Number, if PAC	
Street Address 471 Whetstone River Rd N	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Caledonia	State OH	Zip Code 43314	Date (MM/DD/YYYY) 07 12 17	Amount 750.00
Full Name of Contributor Randall Masters			Registration Number, if PAC	
Street Address 471 Whetstone River Rd N	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Caledonia	State OH	Zip Code 43314	Date (MM/DD/YYYY) 07 20 17	Amount 250.00
Full Name of Contributor Ian Quickel			Registration Number, if PAC	
Street Address 2579 Willow Park Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 06 30 17	Amount 400.00
Full Name of Contributor The Sharpe Law Firm -- Marriane Bernardo			Registration Number, if PAC	
Street Address 113 E. Livingston Ave.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 06 30 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)]