

## Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E

R.C. 3517.10(B)

					R.C. 3517.10(B)				
Full Name of Committee									
COMMITTEE TO ELECT MORGAN MASTER									
Full Name of Contributor	Registration Number, if PAC								
Nesbitt Law Firm (Will Nesbitt)									
Street Address	Employe	or/Occupat	ion/l abor Organization*	Date (MM/DD/YYYY)	Amount				
1801 Watermark DR	Lilipioye	Employer/Occupation/Labor Organization*		08 10 17					
	<u> </u>		T		100.00				
City		State	Zip Code	Form (Cash, Check, Etc					
Columbus		ОН	43215	Check					
Full Name of Contributor			<del></del>	Registration Number, if PAC					
Thomas Hayes									
Street Address	Employe	er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount				
65 E. Livingston Ave				08 10 17	250.00				
City		State	Zip Code	Form (Cash, Check, Etc					
Columbus		ОН	43215	Check					
Full Name of Contributor		Registration Number, if PAC	BROCHESC 900 DOWN AUTO 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Dickinson Wright LLC									
Street Address	reet Address Employer/Occupation/Labor Organization*		ion/Labor Organization*	Date (MM/DD/YYYY)	Amount				
150 E. Gay St, Ste 2400				08 10 17	250.00				
City		State	Zip Code	Form (Cash, Check, Etc					
Columbus		ОН	43215	Check					
Full Name of Contributor	•			Registration Number, if PAC					
David Rieser									
Street Address	Employe	er/Occupat	ion/Labor Organization*	Date (MM/DD/YYYY)	Amount				
2 Miranova Pl				08 10 17	100.00				
City		State	Zip Code	Form (Cash, Check, Etc					
Columbus		ОН	43215	Check					
Full Name of Contributor				Registration Number, if PAC					
Joel Campbell									
Street Address Employe		er/Occupation/Labor Organization*		Date (MM/DD/YYYY)	Amount				
575 S. 3rd St				08 10 17	150.00				
City		State	Zip Code	Form (Cash, Check, Etc					
Columbus		ОН	43206	Check					

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

<b>Total Contributio</b>	ns This Event

Total Expenditures	This	Event

Page Total \$	

<sup>\*</sup> 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)]