

FOR PAPER FILING ONLY

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

Prescribed by Secretary of State 03/05

Event Date **04/07/17**
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Name of Committee in Full Committee to Elect Morgan Masters				
Full Name of Contributor Phil Hartman			Registration Number, if PAC	
Street Address 7126 Wilton Chase	Employer/Occupation/Labor Organization*		M 0	D 4
City Dublin	State OH	Zip Code 43017	Y 1	Amount 250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kristie Williams			Registration Number, if PAC	
Street Address 1100 Oxfordshire Dr.	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43228	Y 1	Amount 75.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Larry Levinson			Registration Number, if PAC	
Street Address 511 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 1	Amount 250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Stephen Smith			Registration Number, if PAC	
Street Address 8097 Summerhouse Dr. W	Employer/Occupation/Labor Organization*		M 0	D 4
City Dublin	State OH	Zip Code 43016	Y 1	Amount 150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Frederick Vierow			Registration Number, if PAC	
Street Address 6870 Haymore Ave. W.	Employer/Occupation/Labor Organization*		M 0	D 4
City Worthington	State OH	Zip Code 43085	Y 1	Amount 75.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				

* 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)]

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

Total contributions this event

3815.00

Total expenditures this event.

0.00

Page Total \$ **800.00**