

FOR PAPER FILING ONLY

Statement of Contributions Received

at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date **02/16/17**Page **6**

Name of Committee in Full Committee to Elect Morgan Masters				
Full Name of Contributor Peter Binning			Registration Number, if PAC	
Street Address 592 S. 3rd St.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tara Mulhalla			Registration Number, if PAC	
Street Address P.O. Box 78	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 50.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stacy Sydow			Registration Number, if PAC	
Street Address 454 E. Main St., Ste 260	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Michael Sexton			Registration Number, if PAC	
Street Address 984 Highland St.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 100.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeremny Dodgion			Registration Number, if PAC	
Street Address 1188 S. High St.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor David Reiser			Registration Number, if PAC	
Street Address 2 Miranova Pl.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carpenter Lipps Lelamp LLP - Kort Gadderdam			Registration Number, if PAC	
Street Address 280 N. High St.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	

* 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

0.00

Total expenditures this event.

0.00

Page Total \$ 1000.00
