



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS									
Full Name of Contributor	Registration Number	er. if PAC							
Blaise Baker									
Street Address	Employe	r/Occupation/Labor Or	Form (Cash, Check, etc.)						
277 Brevoort Rd,			Check						
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount				
Columbus	ОН	43214		09 12 17	200.00				
Full Name of Contributor	Registration Number	er, if PAC							
Lawrence Riehl									
Street Address	Employer	r/Occupation/Labor Or	Form (Cash, Check, etc.)						
500 S. Front St.	Check								
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount				
Columbus	ОН	43206		08 09 17	250.00				
Full Name of Contributor	er, if PAC								
Jeffrey Berndt									
Street Address	Employer	r/Occupation/Labor Or		Form (Cash, Check, etc.)					
575 S. High St.			Check						
City	State	Zip Code	Date (MM/DD/YYYY)		Amount				
Columbus	ОН	43215	07 18 17		100.00				
Full Name of Contributor		er, if PAC							
Roth Law Group Jeremy Roth									
Street Address	Employer	r/Occupation/Labor Or	Form (Cash, Check, etc.)						
24 N. High St., Ste 301	Check								
City	State	Zip Code	Date (MM/DD/YYYY)		Amount				
Columbus	ОН	43215	09 26 17		200.00				
Full Name of Contributor	er, if PAC								
Dennis McNamara									
Street Address	Employer	r/Occupation/Labor Or	Form (Cash, Check, etc.)						
3966 Fairlington Dr.	ļ		Check						
,	State	Zip Code	Date (MM/DD/YYYY)		Amount				
Columbus	ОН	43220	09 22 17		50.00				

Page	Total t	00.00		
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<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)]