



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Marie Martin			Registration Number, if PAC	
Street Address 43056 Battery Pointe Pl	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Leesburg	State VA	Zip Code 20176	Date (MM/DD/YYYY) 01 31 17	Amount 50.00
Full Name of Contributor Merisa Bowers			Registration Number, if PAC	
Street Address 363 Higley Court	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Gahanna	State OH	Zip Code 43240	Date (MM/DD/YYYY) 01 31 17	Amount 100.00
Full Name of Contributor Thomas Quickel			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City	State OH	Zip Code	Date (MM/DD/YYYY) 01 31 17	Amount 100.00
Full Name of Contributor Donna Neu			Registration Number, if PAC	
Street Address 7204 N Rural Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Indianapolis	State IN	Zip Code 46204	Date (MM/DD/YYYY) 02 02 17	Amount 50.00
Full Name of Contributor Michael Probst			Registration Number, if PAC	
Street Address 1207 Grandview Ave. Suite 205	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 02 19 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)]