

# 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 <b>Committee to Elect Morgan Masters</b>				
Full Name of Contributor <b>Michael Sexton</b>			Registration Number, if PAC	
Street Address <b>984 Highland St.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   0 7   1 7</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43201</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Rick Yarnier</b>			Registration Number, if PAC	
Street Address <b>7750 Prospect Dublin Rd.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   0 7   1 7</b>	Amount <b>75.00</b>
City <b>Prospect</b>	State <b>OH</b>	Zip Code <b>43342</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Jerry Call</b>			Registration Number, if PAC	
Street Address <b>630 Normandy Dr.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   0 7   1 7</b>	Amount <b>150.00</b>
City <b>Marion</b>	State <b>OH</b>	Zip Code <b>43302</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Randall Masters</b>			Registration Number, if PAC	
Street Address <b>471 Whetstone River Rd. N</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   0 7   1 7</b>	Amount <b>100.00</b>
City <b>Caledonia</b>	State <b>OH</b>	Zip Code <b>43314</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Gregory Finnerty</b>			Registration Number, if PAC	
Street Address <b>6013 Round Tower Ln.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   0 7   1 7</b>	Amount <b>150.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Randall Masters</b>			Registration Number, if PAC	
Street Address <b>471 Whetstone River Rd. N</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   0 7   1 7</b>	Amount <b>150.00</b>
City <b>Caledonia</b>	State <b>OH</b>	Zip Code <b>43314</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Pete Scranton</b>			Registration Number, if PAC	
Street Address <b>416 W. State St.</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   4   0 7   1 7</b>	Amount <b>75.00</b>
City <b>Fremont</b>	State <b>OH</b>	Zip Code <b>43420</b>	Form (Cash, Check, etc.) <b>Check</b>	

\* 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 \$ **800.00**