



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Thomas Lee			Registration Number, if PAC	
Street Address 169 Lelawood Cr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Nashville	State TN	Zip Code 37209	Date (MM/DD/YYYY) 08 11 17	Amount 250.00
Full Name of Contributor Daniel Edwards			Registration Number, if PAC	
Street Address 7057 Violet Veil Ct.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 08 28 17	Amount 100.00
Full Name of Contributor Tom Martello			Registration Number, if PAC	
Street Address 887 S. High St.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 09 11 17	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]