



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Franklin County Democratic Party			Registration Number, if PAC	
Street Address 340 E. Fulton St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11 01 17	Amount 2000.00
Full Name of Contributor Megan Grant			Registration Number, if PAC	
Street Address 258 Crawford Ct	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 10 30 17	Amount 100.00
Full Name of Contributor Jordan Hambrick			Registration Number, if PAC	
Street Address 163 N. Sandusky St, Ste 205	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Delaware	State OH	Zip Code 43015	Date (MM/DD/YYYY) 10 30 17	Amount 50.00
Full Name of Contributor Mark Hogan			Registration Number, if PAC	
Street Address 400 S. 5th St. #302	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10 31 17	Amount 50.00
Full Name of Contributor Daniel Grandey			Registration Number, if PAC	
Street Address 6456 Green Stone Loop	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Pay Pal	
City Dulbin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 10 31 17	Amount 250.00

*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)]