



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Nathan Akamine			Registration Number, if PAC	
Street Address 1 Miranova Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 01 21 16	Amount 100.00
Full Name of Contributor Jeff Berndt			Registration Number, if PAC	
Street Address 575 S. High St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 04 03 17	Amount 100.00
Full Name of Contributor Jeff Berndt			Registration Number, if PAC	
Street Address 575 S. High St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 03 20 17	Amount 100.00
Full Name of Contributor Ronald Batteinger			Registration Number, if PAC	
Street Address 3496 Wicklow Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43204	Date (MM/DD/YYYY) 03 31 17	Amount 100.00
Full Name of Contributor Carpenter Lipps & Leland			Registration Number, if PAC	
Street Address 280 N. High St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 04 02 17	Amount 75.00

*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)]