

FOR PAPER FILING ONLY

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 02/16/17

Page 5

Name of Committee in Full Committee to Elect Morgan Masters				
Full Name of Contributor Andria Noble			Registration Number, if PAC	
Street Address 7759 Schoolway Ct.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 50.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Woody Fox, Sr.			Registration Number, if PAC	
Street Address 233 North Bend Dr.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 100.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Conner			Registration Number, if PAC	
Street Address 436 W. 5th Ave.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 100.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marquis Lovejoy			Registration Number, if PAC	
Street Address 2650 Steiner House	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 100.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Dustin Blake, Co., LLC			Registration Number, if PAC	
Street Address 580 S. High St., Ste 200	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Karen Phipps			Registration Number, if PAC	
Street Address 3807 Lakedale Dr.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 500.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rick Varner			Registration Number, if PAC	
Street Address 7750 Prospect Dublin Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 7	Amount 100.00
City Prospect	State OH	Zip Code 43342	Form (Cash, Check, etc.) Cash	

* 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 \$ 1050.00
