



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Daniel Miller			Registration Number, if PAC	
Street Address 8340 Vance Ct	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Colorado Springs	State CO	Zip Code 80919	Date (MM/DD/YYYY) 04 08 17	Amount 100.00
Full Name of Contributor Gale Podnar			Registration Number, if PAC	
Street Address 2945 Brookfield Dr.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Norton	State OH	Zip Code 44203	Date (MM/DD/YYYY) 04 10 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
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)]