

# 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

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Name of Committee in Full <b>Committee to Elect Morgan Masters</b>					
Full Name of Contributor <b>Kathy Masters</b>				Registration Number, if PAC	
Street Address <b>471 Whetstone River Rd. N</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City <b>Caledonia</b>		State <b>OH</b>	Zip Code <b>43314</b>	0   2   1   6   1   7	<b>100.00</b>
Form (Cash, Check, etc.) <b>Cash</b>					
Full Name of Contributor <b>Randall Masters</b>					
Street Address <b>471 Whetstone River Rd. N</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City <b>Caledonia</b>		State <b>OH</b>	Zip Code <b>43314</b>	0   2   1   6   1   7	<b>100.00</b>
Form (Cash, Check, etc.) <b>Cash</b>					
Full Name of Contributor <b>Loyette Finnegan</b>					
Street Address <b>1890 Sussex Way</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City <b>Marion</b>		State <b>OH</b>	Zip Code <b>43302</b>	0   2   1   6   1   7	<b>100.00</b>
Form (Cash, Check, etc.) <b>Cash</b>					
Full Name of Contributor <b>Dennis McNamara</b>					
Street Address <b>3966 Fairlington Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>	0   2   1   6   1   7	<b>100.00</b>
Form (Cash, Check, etc.) <b>Check</b>					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code		
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code		
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code		
Form (Cash, Check, etc.)					

\* 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

9945.00

Total expenditures this event.

0.00

Page Total \$ 400.00