



**Statement of Contributions Received**

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Richanne Zymkoski			Registration Number, if PAC	
Street Address 2128 Poplar St.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Obetz	State OH	Zip Code 43207	Date (MM/DD/YYYY) 08 31 17	Amount 150.00
Full Name of Contributor Scott Phillips			Registration Number, if PAC	
Street Address 7482 Providence Woods Ct.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City West Chester	State OH	Zip Code 45069	Date (MM/DD/YYYY) 08 31 17	Amount 250.00
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)]