



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
Full Name of Contributor Sam Shamansky, LLC			Registration Number, if PAC	
Street Address 523 S. 3rd St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10 31 17	Amount 3500.00
Full Name of Contributor Scott Shaw			Registration Number, if PAC	
Street Address 580 S. High ST	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 10 31 17	Amount 100.00
Full Name of Contributor Robert Retterer			Registration Number, if PAC	
Street Address 617 Normandy Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Marion	State OH	Zip Code 43306	Date (MM/DD/YYYY)	Amount 100.00
Full Name of Contributor Toki Clark			Registration Number, if PAC	
Street Address 341 S. 3d St #201	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10 31 17	Amount 200.00
Full Name of Contributor Wayne Brown			Registration Number, if PAC	
Street Address 825 S. Front St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY)	Amount 250.00

*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)]