



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 11 02 2018		Amount 11.00
Street Address P.O Box 630900		Purpose Bank Fee		
City Cincinnati	State OH	Zip Code 45263	Check Number Acct Debit	
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 12 02 18		Amount 11.00
Street Address P.O Box 630900		Purpose Bank Fee		
City Cincinnati	State OH	Zip Code 45263	Check Number Acct Debit	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	