



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
To Whom Paid Gahanna Linden Sports Boosters		Date (MM/DD/YYYY) 07 26 17		Amount 250.00
Street Address 140 S Hamilton Rd		Purpose Sports Program Placement		
City Gahanna	State OH	Zip Code 43230	Check Number 1541	
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 08 10 17		Amount 12.00
Street Address P.O. Box 630900		Purpose Bank Fee		
City Cincinnati	State OH	Zip Code 45263	Check Number Acct Debit	
To Whom Paid Fireball Press		Date (MM/DD/YYYY) 08 28 17		Amount 317.08
Street Address 27 East Fifth Avenue		Purpose Literature		
City Columbus	State OH	Zip Code 43201	Check Number Debit Card	
To Whom Paid SignRocket		Date (MM/DD/YYYY) 08 28 17		Amount 1775.00
Street Address 340 Broadway Ave		Purpose Campaign Lawn Signs		
City St. Paul	State MN	Zip Code 55071	Check Number Debit Card	
To Whom Paid Oakhaven Golf Club Fund-Raiser		Date (MM/DD/YYYY) 06 30 17		Amount 4300.00
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ 6654.08