



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) 01 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) 02 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 Fifth Third Bank		Date (MM/DD/YYYY) 03 02 18	Amount 11.00
Street Address P.O Box 630900		Purpose Bank Fee	
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Page Total \$ 55.00