



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) 01/02/2019		Amount 1.42
Street Address P.O. Box 630900		Purpose Bank Fees		
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	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ 1.42