



Statement of Expenditures

Form 31-F

R.C. 3517.10

Full Name of Committee			<u></u>			
COMMITTEE TO ELECT MORGAN MASTERS						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Fifth Third Bank			06 12 17		12.00	
Street Address	Purpose					
P.O. Box 630990	Bank Fee					
City	State	Zip Code Check Number				
Cincinnatti	ОН	45	Acct Debit			
To Whom Paid	Date (MM/DD/YYYY) Amount					
Kaleidescope - Charity		06 16 17 20.00			20.00	
Street Address	Purpose	³ urpose				
603 E. Town St.	Charity Donation					
City	State	Zip	Code Check Number		ck Number	
Columbus	ОН	43	215 15		534	
To Whom Paid			Date (MM/DD/YYYY) Amount			
Grass Roots Strategies			06 19 17		507.40	
Street Address	Purpose					
5990 East Livingston Ave	Candidate Shirts					
City	State	Zip	Code Check Number		ck Number	
Columbus	ОН	43	232 1535		35	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Westland Area Business Association			06 26 17		75.00	
Street Address	Purpose					
P.O. Box 282035	Parade Entry					
City	State	Zip	Code Check Number		ck Number	
Columbus	ОН	43	1538		38	
To Whom Paid	Date (MM/DD/YYYY) Amount		Amount			
Kroger			06 26	17	100.00	
Street Address	Purpose					
7100 Hospital Drive	Parade Candy					
City	State	Zip Code Check Number				
Dublin	ОН	43	206	De	bit Card	

Page Total \$ 714.40	