

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
COMMITTEE TO ELECT MORGAN MASTERS						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Pay Pal			07 28 17		10.45	
Street Address	Purpose					
221 N. 1st St.	Fee					
City	State	Zip Code Check Number				
San Jose	CA	95131 Acct Debit				
To Whom Paid	•		Date (MM/DD/YYYY)		Amount	
Pay Pal			08 28 17 4.95			
Street Address	Purpose					
221 N. 1st St.	Fee					
City	State	Zip	Zip Code Check N		eck Number	
San Jose	CA	95	5131 Ac		ct Debit	
To Whom Paid	Date (MM/DD/YYYY) Amount			Amount		
Pay Pal			09 28	17	3.20	
Street Address	Purpose					
221 N. 1st St.	Fee					
City	State	Zip Code C		Che	Check Number	
San Jose	CA	95131 A		Ac	ct Debit	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Pay Pal			10 28 17		17.34	
Street Address	Purpose					
221 N. 1st St.	Fee					
City	State	Zip Code Ch		Che	neck Number	
San Jose	ОН	95131 Acct D		ct Debit		
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Pay Pal						
Street Address	Purpose					
221 N. 1st St.	Fee					
City	State	Zip Code Check Number				
San Jose	CA	95131 Acct Debit		ct Debit		

Page Total \$	35.94