



## Statement of Expenditures for Social or Fund-Raising Event

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT MORGAN MASTERS				
To Whom Paid Sheryl Munson			Date (MM/DD/YYYY) 04 21 17	Amount 454.28
Street Address 375 S. High St.		Purpose High Beck Fund-raiser 02/17/17		
City Columbus	State OH	Zip Code 43215	Check Number 1528	
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	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ <u>454.28</u>
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