



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee COMMITTEE TO ELECT MORGAN MASTERS				
To Whom Paid Pay Pal		Date (MM/DD/YYYY) 10 30 17		Amount 14.25
Street Address 221 N. 1st St.		Purpose Fees		
City San Jose	State CA	Zip Code 95131	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 \$ 14.25