



## 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		
Fifth Third Bank			06 02 2018		11.00		
Street Address	Purpose						
P.O Box 630900	Bank Fee						
City	State Zip Code Check Number				eck Number		
Cincinnati	ЮН	Acct Debit			ct Debit		
To Whom Paid	Date (MM/DD/YYYY)				Amount		
Fifth Third Bank			07 02 18		11.00		
Street Address	Purpose						
P.O Box 630900	Bank Fee						
City	State	Zip	Zip Code Check Number		eck Number		
Cincinnati	ОН	45	45263 A		oct Debit		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Fifth Third Bank			08 02	18	11.00		
Street Address	Purpose						
P.O Box 630900	Bank Fee						
City	State	Zip Code Check Number			ck Number		
Cincinnati	ОН	45263		Ac	Acct Debit		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Fifth Third Bank			09 02 18 11.00				
Street Address	Purpose						
P.O Box 630900	Bank Fee						
City	State	Zip Code		Che	Check Number		
Cincinnati	ОН	45263		Ac	Acct Debit		
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Fifth Third Bank			10 02	18	11.00		
Street Address	Purpose						
P.O Box 630900	Bank Fee						
City	State	Zip	Zip Code Check Number		ck Number		
Cincinnati	ОН	45	263	Ac	ct Debit		

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