



# Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> COMMITTEE TO ELECT MORGAN MASTERS				
To Whom Paid C.S.I., Inc		Date (MM/DD/YYYY) 12/18/2017		Amount 617.28
Street Address 4758 Turning Leaf Place		Purpose Bank Fee		
City Powell	State OH	Zip Code 45263	Check Number 1552	
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 \$ 617.28