

Event Date	8/6/15
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Morehart for Judge								
To Whom Paid Janet Grubb					M	D	Y	Amount
					0	9	2	3
					1	5		47.99
Address 225 Eastmoor Blvd.				Purpose Reimbursement for Food/Drink Costs				
City Columbus		State O H		Zip Code 43209		Check Number 1009		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State		Zip Code		Check Number		
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State		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 \$	47.99
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