

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

N							
Name of Committee in Full							
Morehart for Judge							
To Whom Paid			М	D	Y	Amount	
Dempsey's			0 9	1 3	1 : 7		227.00
Address	Purpose					· · · · · · · · · · · · · · · · · · ·	
346 S. High St.	Food/Dri	ink					
City	State	Check Number					
Columbus	OH	1057					
To Whom Paid			М	D	Y	Amount	
					į		
Address	Purpose			<u>:</u>	<b>_</b>		
City	State	Check Number					
		Zip Code					
To Whom Paid	<del></del>		М	D	Y	Amount	
Address	Purpose	··		L			·····
	1						
City	State	Zip Code	Check N	Jumber			
	j	Lip code	Check	· unioci			
To Whom Paid			<del>-  </del>	_ n	I v	1	
10 Wholii Fald			М	D	Y	Amount	
Address	ln.			<u> </u>			
Address	Purpose						
0.		Zip Code	T				
City	State	Check Number					
		<u> </u>					
To Whom Paid			M	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check N	lumber			
To Whom Paid			М	D	Y	Amount	
Address	Purpose			•			
	ŀ						
City	State Zip Code			Check Number			
						:	
To Whom Paid		<u> </u>	М	D	Y	Amount	
					1		
Address	Purpose					<u> </u>	
City	State	Zip Code	Check N	Iumber			
	June		Check				
		<u> </u>					

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 \$ 227.00