

Event Date	09/13/17
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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 Dempsey's					M	D	Y	Amount
					0	9	1	227.00
Address 346 S. High St.		Purpose Food/Drink						
City Columbus		State O H	Zip Code 43215		Check Number 1057			
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 \$	<u>227.00</u>
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