

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 Mezzo					M 0	D 8	Y 2	Amount 537.50
Address 12 W. Bridge St.		Purpose Food/Drink						
City Dublin		State O H	Zip Code 43017		Check Number 1056			
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.