

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 1	D 0	Y 2	Amount 49.31
Address 225 Eastmoor Blvd.		Purpose Reimbursement for Food/Drink Costs Advanced at Fundra.						
City Columbus		State O	H H	Zip Code 43209	Check Number 1033			
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			
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.