Event Date	10/14/15
Page	7

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full						
Morehart for Judge	E-1-11-1		. ,	Ţ	<b>,</b>	
To Whom Paid			M .	D	Y	Amount
Janet Grubb	<del></del>		1 0	2 1	1 5	49.31
Address	Purpose					
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City	State					
Columbus	OH	43209		1033	<b>,</b>	
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A.13	l <sub>e</sub> ,			<u> </u>	<u> </u>	
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To Whom Paid		•	М	D	Y	Amount
Address	Purpose		-		_	
City	State	Zip Code	Check I	Check Number		
<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 \$	49.31
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