

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			М	D	Y	Amount	
High Beck Tavern			0.7	2 7	1 7	<u> </u>	210.00
Address	Purpose						
564 S. High St.	Food/Dr	ink					
City	State	Check N	iumber				
Columbus	OH	43215		1054	:		
To Whom Paid			М	D	Y	Amount	
Address	Purpose					<u></u>	
City	State	Zip Code	Check N	Number			
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To Whom Paid	<u> </u>		М	D	Y	Amount	
Address	Purpose			L		1.,	
7.00	l urpose						
City	State	Zip Code	Check N	Jumb on			
Cny	State	Zip Code	Спеск	vumber			
		<u> </u>		, _	·		
To Whom Paid			M	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check N	Check Number			
To Whom Paid			M	D	Y	Amount	
Address	Purpose			<u> </u>	·	•	
City	State	Zip Code	Check N	lumber			
To Whom Paid		. 	М	D	Y	Amount	
Address	Purpose			<u> </u>			
A Garages	T unpose						
City	State	Zip Code	Check N	lumb or			
City	State	Zip Code	Check	vumber			
T. 111 D. 1		1		l 5	1 1/	1.	
To Whom Paid			M	D	Y	Amount	
						<u> 1</u>	
ddress Purpose							
City	State	Zip Code	Check N	lumber			

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 \$	210.00
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