

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 Tony's					M	D	Y	Amount
					0	2	0	2
					1	7		782.00
Address 16 W. Beck St.			Purpose Food/Drink					
City Columbus		State O	H	Zip Code 43215	Check Number 1024			
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.