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| Event Date | 04/26/17 |
| 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 | | | | | | | | |
| To Whom Paid Copious | | | | | M | D | Y | Amount |
| | | | | | 0 | 4 | 2 | 667.14 |
| Address 520 S. High St. | | Purpose Food/Drink | | | | | | |
| City Columbus | State O | H | Zip Code 43215 | Check Number 1045 | | | | |
| 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.

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| Page Total \$ | 667.14 |
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