Event Date	121617
Page	

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		<u></u>	М	D	Y	Amount			
Valter's			1 2	0 6	1 7		89.23		
Address	Purpose		<u>-</u>	1					
976 S. High St.	Food/D1	rink							
City	State					Check Number			
Columbus	O H	43206		1077	7				
To Whom Paid			М	D	Y	Amount			
Address	Purpose		<u> </u>	!	<u> </u>				
City	State	Zip Code	Check 1	Number		1			
City	State	Zip Code	Check	C., Con France					
To Whom Paid			М	D	Y	Amount			
Address	Purpose		I		L	L			
City	State	Zip Code	Check 1	Numbar					
Cny	State	Zip Code	Cileck	Number					
To Whom Paid			М	D	Y	Amount			
Address	Purpose			1	1	<u> </u>			
City	State	Zip Code	Check 1	Number					
To Whom Paid	<u> </u>		M	D	Y	Amount			
Address	Purpose								
City	State	Zip Code	Check 1	Check Number					
To Whom Paid		<u> </u>	M	D	Y	Amount			
Address	Purpose				<u></u>				
		-							
City	State	Zip Code	Check 1	Check Number					
To Whom Paid			М	D	Y	Amount			
Address	Purpose			.1		<u> </u>			
City	State	Zip Code	Check l	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.

Page Total \$	89.23
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