

Event Date	8/6/15
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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 Janet Grubb						M	D	Y	Amount			
						0	9	2	3	1	5	47.99
Address 225 Eastmoor Blvd.				Purpose Reimbursement for Food/Drink Costs								
City Columbus				State OH		Zip Code 43209		Check Number 1009				
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				
To Whom Paid						M	D	Y	Amount			
						:	:	:				

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 \$	47.99
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