

Event Date	<u>10/15/17</u>
Page	<u>36</u>

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Morehart for Judge</b>								
To Whom Paid <b>Janet Grubb</b>					M	D	Y	Amount <b>204.41</b>
					<b>1</b>	<b>0</b>	<b>1</b>	<b>7</b>
Address <b>5277 Infinity Ct.</b>					Purpose <b>Reimbursement for Food/Drink</b>			
City <b>Grove City</b>					State <b>O</b>	H	Zip Code <b>43123</b>	Check Number <b>1064</b>
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.

Page Total \$	<u>204.41</u>
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