

| | |
|------------|----------------|
| Event Date | <u>10/2/15</u> |
| Page | <u>8</u> |

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 Club 185 | | | | | M 1 | D 0 | Y 2 | Amount 58.95 |
| Address 185 E. Livingston Ave. | | Purpose Food/Drink Costs | | | | | | |
| City Columbus | State O | H H | Zip Code 43215 | Check Number 1034 | | | | |
| To Whom Paid Robert Washburn | | | | | M 1 | D 0 | Y 2 | Amount 100.00 |
| Address 225 Eastmoor Blvd. | | Purpose Reimbursement for Food/Drink Costs | | | | | | |
| City Columbus | State O | H H | Zip Code 43209 | Check Number 1036 | | | | |
| To Whom Paid | | | | | M | D | Y | Amount |
| Address | | Purpose | | | | | | |
| City | State | H | Zip Code | Check Number | | | | |
| To Whom Paid | | | | | M | D | Y | Amount |
| Address | | Purpose | | | | | | |
| City | State | H | Zip Code | Check Number | | | | |
| To Whom Paid | | | | | M | D | Y | Amount |
| Address | | Purpose | | | | | | |
| City | State | H | Zip Code | Check Number | | | | |
| To Whom Paid | | | | | M | D | Y | Amount |
| Address | | Purpose | | | | | | |
| City | State | H | Zip Code | Check Number | | | | |
| To Whom Paid | | | | | M | D | Y | Amount |
| Address | | Purpose | | | | | | |
| City | State | H | 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>158.95</u> |
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