Event Date	10/2/15
Page	8

## 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				М	D	Y	Amount		
Club 185			110	2 2	1   5		58.95		
Address	Purpose								
185 E. Livingston Ave.	Food/Drink Costs								
City	State Zip Code Check Number								
Columbus	O   H   43215   1034				Ļ	* 1			
To Whom Paid			10210	М	D	Y	Amount	•	
Robert Washburn				10	d 2   2	1 5		100.00	
Address	Purpose			1 * 1 0	1 2 2	1 1 0		100.00	
225 Eastmoor Blvd.	Reimbursement for Food/Drink Costs								
City	State		Zip Code		Number				
Columbus	1 .		43209	Check	1036				
To Whom Paid	O   F	1	43209	M	D D	Ϋ́	Amount	<u> </u>	
10 Whom I aid				"		1	Amoun		
Add	In			<u> </u>	1 [	]	L		
Address	Purpose								
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City	State	1	Zip Code	Check	Number				
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To Whom Paid				М	D	Y	Amount		
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Address	Purpose								
City	State	12	Zip Code	Check Number					
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To Whom Paid	<u> </u>			М	D	Y	Amount		
						1			
Address	Purpose			<u> </u>	1	'	<b>.</b>		
City	State	Zîp Code	Check	Number	-				
	; <u> </u>								
To Whom Paid	1. !			М	D	Y	Amount		
To Whom Falls				, ,	"		Alliquit		
Address	Purpose		<del> </del>	1	<u> </u>	1 !			
Audiess	rutpose								
City	Cana	1.	7:- 0-1-	Io					
City	State	<b>1</b>	Zip Code	Check .	Number				
				<u> </u>					
To Whom Paid				M <sub>.</sub>	D	Y	Amount		
	,								
Address	Purpose								
City	State	2	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 \$	158.95
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