Event Date	10/22/15
Page	8'

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
Morehart for ludge								
To Whom Paid				M	D	Y	Amount	
Club 185				10	2 2	1 5	58	8.95
Address	Purpose							
185 E. Livingston Ave.	Food	l/Dri	nk Costs					
City	State Zip Code			Check Number				
Columbus	lo	H	43215		1034	Į		
To Whom Paid	,		·	М	D	Y	Amount	
Robert Washburn				1110	2 2	1 5	100	0.00
Address	Purpose		-	1 - 1 -	<u>, - , -</u>	1210		
225 Eastmoor Blvd.	Rein	ement for Food/D	rink (	nete				
City	Si	Zip Code	Check ?				• .=	
Columbus	1	l			1036	;		
To Whom Paid	10	1 11	45209	M	D	Y	Amount	. 5. 5
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Address	Purpose					1 :		
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10 Whom Fale				1 "	~	1 1		
	In		. <del></del>	<u> </u>		<u> </u>	L	
Address	Purpose							
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City	Si	ate	Zip Code	Check 1	vumber			
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To Whom Paid				M	D .	Y	Amount	
Address	Purpose							
City	St	ate.	Zip Code	Check N	lumber			
		_		<u> </u>				

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.