

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 		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.