



# Statement of Expenditures for Social or Fund-Raising Event

Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> Re-Elect Judge Terri Jamison				
To Whom Paid The Athletic Club of Columbus			Date (MM/DD/YYYY) 01/25/2018	Amount \$809.07
Street Address 136 East Broad Street		Purpose Refreshments for Fundraiser		
City Columbus	State OH	Zip Code 43215	Check Number 334	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street 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 \$ 809.07