4 31-F R.C. 3517.10

## FOR PAPER FILING ONLY

7	T.Z.	Date	5/1/12	
-	Page	1		

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

ame of Committee in Full Elect Jamison For Judge					
o Whom Paid Florentine Restaurant			0 5 C	D. Y. ) 1 1 2	Amount \$204.59
oddress 907 W. Broad St.	Purpose Food and refr	reshments			
City Columbus	State Z	Zip Code 43222	Check Number Debit		
To Whom Paid	<del></del>		M	D Y	Amount
Address	Purpose				~!·····
City	State 2	Zip Code	Check Number		The parties and
To Whom Paid			М	D Y.	Amount
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Address	Purpose			· · · · · · · · · · · · · · · · · · ·	
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To Whom Paid			М	D Y	Amount
Address	Purpose			1	· —
City	Sta te	Zip Code	Check N	lumber	
To Whom Paid		<u> </u>	M	D	Amount
Address	Purpose				
City	State OH	Zip Code	Check !	Vumber	

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.

\$204.59								
Page Total S								