

FOR PAPER FILING ONLY

Event Date	5/1/12
Page	1

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Elect Jamison For Judge									
To Whom Paid Florentine Restaurant						M	D	Y	Amount \$204.59
Address 907 W. Broad St.		Purpose Food and refreshments							
City Columbus		State OH	Zip Code 43222		Check Number Debit				
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				
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.

\$204.59
Page Total \$