



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Re-Elect Judge Terri Jamison				
To Whom Paid Dempsey's Food And Spirits			Date (MM/DD/YYYY) 02/20/2018	Amount \$325.67
Street Address 346 S. High Street		Purpose Refreshment for Fundraiser		
City Columbus	State OH	Zip Code 43215	Check Number 336	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State OH	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 \$ 325.67