

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Elect Jamison for Judge					
Full Name of Contributor Christopher M. Cooper				Registration Number, if PAC	
Street Address 286 Majoram Dr	Employer/Occupation/Labor Organization*		M 0	D 2	Y 1 2 1 3
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Thomas Jedinak				Registration Number, if PAC	
Street Address 1873 Lake Shore	Employer/Occupation/Labor Organization*		M 0	D 2	Y 1 2 1 3
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Crysta R. Pennington				Registration Number, if PAC	
Street Address 5515 Wolf Run Dr	Employer/Occupation/Labor Organization*		M 0	D 2	Y 1 2 1 3
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Linda Leah Reibel				Registration Number, if PAC	
Street Address 39 Orchard Dr	Employer/Occupation/Labor Organization*		M 0	D 2	Y 1 2 1 3
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor William Mann				Registration Number, if PAC	
Street Address 580 S. High St, Suite 200	Employer/Occupation/Labor Organization*		M 0	D 2	Y 1 2 1 3
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor James Wilmore Brown				Registration Number, if PAC	
Street Address 580 S. High St, Suite 200	Employer/Occupation/Labor Organization*		M 0	D 2	Y 1 2 1 3
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Gerrity and Burrier LTD				Registration Number, if PAC	
Street Address 400 S. Front St, #302	Employer/Occupation/Labor Organization*		M 0	D 2	Y 1 2 1 3
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$100.00

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ **\$700.00**