31-J-1 R.C. 3517.10

FOR PAPER FILING ONLY In-Kind Contributions Received

_{Page} 3	
1,386	

Prescribed by Secretary of State 03/05

N		
Name of Committee in Full Elect Jamison For Judge		
	Faulous Occupation Labor Occupation	Registration Number, if PAC
Full Name of Contributor Terri Jamison-Gary	Employer, Occupation, Labor Organization*	Registration Minibel, It PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
7617 Schneider Way	Office supplies	0 8 2 2 1 2 \$22.09
city Blacklick	State Zip Code OH 7 43004	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Full Name of Confibutor	Employer, vecupation, Easter Organization	registration received, if the
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Stal te Zip Code	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Full Name of Contributor	Employer, Occupation, Labor Organization	Registration (Variable), 11770
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Stal te Zip Code	Received at Fundraising Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Yi Fair Market Value
City	State Zip Code	Received at Fundraising Event? O YES NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?
-		Registration Number, if PAC
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration (State), it is
Street Address	Description of Item or Service	M D Y ₅ Fair Market Value
City	Stal te Zip Code	Received at Fundraising Event? O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te Zip Code OH ☑	Received at Fundraising Event? O YES O NO
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code	Received at Fundaising Event? OYES O NO
		

Page Total \$22.09

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]