



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

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Re-Elect Judge Terri Jamison -				
Full Name of Contributor Paul Morrison			Registration Number, if PAC	
Street Address 100 E. Main Street		Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 02/20/2018
City Columbus		State OH	Zip Code 43215	Amount \$50.00
Form (Cash, Check, Etc) Cash				
Full Name of Contributor Meredith Snyder			Registration Number, if PAC	
Street Address 250 Civic Center Drive, Suite 600		Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 02/20/2018
City Columbus		State OH	Zip Code 43215	Amount \$50.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Mitch Moreland			Registration Number, if PAC	
Street Address 165 E. Livingston Ave.		Employer/Occupation/Labor Organization* Moreland Law Office/Attorney		Date (MM/DD/YYYY) 02/20/2018
City Columbus		State OH	Zip Code 43215	Amount \$150.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Nathaniel D. Carter			Registration Number, if PAC	
Street Address 6335 Bellmeadow Dr.		Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 02/20/2018
City Columbus		State OH	Zip Code 43229	Amount \$100.00
Form (Cash, Check, Etc) Check				
Full Name of Contributor Cheryl A. Sullivan			Registration Number, if PAC	
Street Address 1886 Berkeley Road		Employer/Occupation/Labor Organization* Franklin Co. Treasurer/Treasurer		Date (MM/DD/YYYY) 02/20/2018
City Columbus		State OH	Zip Code 43207	Amount \$25.00
Form (Cash, Check, Etc) Check				

* 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

Total Expenditures This Event

Page Total \$ 375.00