

# 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 Cottone Law Office LLC				Registration Number, if PAC	
Street Address 550 S. Cleveland Ave, Ste. G		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Westerville		State OH	Zip Code 43081	0   2   2   1   1   3	\$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Sallynda Rothchild Dennison				Registration Number, if PAC	
Street Address 500 S. Front St, Suite 102		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43215	0   2   2   1   1   3	\$300.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Paul E. Morrison				Registration Number, if PAC	
Street Address 1001 Esther Dr		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43207	0   2   2   1   1   3	\$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Robert Bracco				Registration Number, if PAC	
Street Address 3535 W. Henderson Rd		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43220	0   2   2   1   1   3	\$250.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Marty Anderson, Esq.				Registration Number, if PAC	
Street Address 3409 River Seine St		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43221	0   2   2   1   1   3	\$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Harvey Samuels				Registration Number, if PAC	
Street Address 500 S. Front St, Ste 1150		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43215	0   2   2   1   1   3	\$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Mitchell, Pencheff, Fraley, Catalano & Boda INC				Registration Number, if PAC	
Street Address 580 S. High St, Suite 200		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City Columbus		State OH	Zip Code 43215	0   2   2   1   1   3	\$300.00
				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

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Total expenditures this event.

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Page Total \$ 1,250.00