

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 Rosemarie Welch			Registration Number, if PAC	
Street Address P. O. Box 322	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 1 2 1 3	Amount \$250.00
City Lewis Center	State OH	Zip Code 43035	Form (Cash, Check, etc.) Check	
Full Name of Contributor Heather Sowald			Registration Number, if PAC	
Street Address 210 Academy Court	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 1 2 1 3	Amount \$250.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name of Contributor Joseph L. Mas			Registration Number, if PAC	
Street Address 330 South High St	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 1 2 1 3	Amount \$75.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Craig P. Treneff			Registration Number, if PAC	
Street Address 155 Commerce Park Dr, #5	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 1 2 1 3	Amount \$250.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) check	
Full Name of Contributor Bradley Frick & Associates			Registration Number, if PAC	
Street Address 1265 Neil Ave	Employer/Occupation/Labor Organization* Firm		M D Y 0 2 1 2 1 3	Amount \$300.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) check	
Full Name of Contributor Friedman & Mirman			Registration Number, if PAC	
Street Address 1320 Dublin Rd, Suite 101	Employer/Occupation/Labor Organization* Firm		M D Y 0 2 1 2 1 3	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Kristie A. Campbell			Registration Number, if PAC	
Street Address 1100 Oxfordshire Dr	Employer/Occupation/Labor Organization* Attorney		M D Y 0 2 1 2 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43228	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 \$ 1,525.00