



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 Robin Stith			Registration Number, if PAC	
Street Address 13 E. Kossuth St	Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00 ✓
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, Etc) Check	
Full Name of Contributor Amy Weis - Weis & O'Connor			Registration Number, if PAC	
Street Address 22 E Gay Street, Suite 401	Employer/Occupation/Labor Organization* Weis & O'Connor/Partner		Date (MM/DD/YYYY) 03/09/2018	Amount \$250.00 ✓
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Robert Bracco			Registration Number, if PAC	
Street Address 3535 Henderson Rd.	Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00 ✓
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, Etc) Check	
Full Name of Contributor Maryellen Reash			Registration Number, if PAC	
Street Address 1170 Old Henderson Rd, Suite 118	Employer/Occupation/Labor Organization* Reash Law Offices/Attorney		Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00 ✓
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, Etc) Check	
Full Name of Contributor Amy McKinlay			Registration Number, if PAC	
Street Address 580 S. High Street, Suite 200	Employer/Occupation/Labor Organization* McKinlay Law Offices/Attorney		Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00 ✓
City Dublin	State OH	Zip Code 43215	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 \$ 650.00