Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 2/21/13
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		<u> </u>		
Name of Committee in Full Elect Jamison for Judge			•	
Full Name of Contributor			Registration Number, if PAC	
Ditty Financial Forensics LLC				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
3010 Hayden Road	Accour	ntant	0 2 2 1 1 3 \$100.00	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43235	check	
Full Name of Contributor			Registration Number, if PAC	
Merisa K. Bowers Attorney at Law Street Address	· I			
400 S. Fifth St, Ste 101	Employer/Occup Attorney	ation/Labor Organization*	M D Y Amount 0 2 2 1 1 3 \$40.00	
City	Stalte	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	check	
Full Name of Contributor	011 43213		Registration Number, if PAC	
John D. Moore, Jr.				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
2676 Kantian Dr	' ' '	v	0 2 2 1 1 3 \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43219	cash	
Full Name of Contributor			Registration Number, if PAC	
Robert Krapenc	<u>, </u>			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
601 S. High St, 1st Floor			0 2 2 1 1 3 \$250.00	
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.)	
Full Name of Contributor	Un	43215	Registration Number, if PAC	
Thomas Hayes			Registration Number, 11 17AC	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
65 E. Livingston Ave		and David Significance	0 2 2 1 1 3 \$125.00	
City	Stalte	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH _.	43215	cash	
Full Name of Contributor		 '.	Registration Number, if PAC	
William Mann				
Street Address 580 S. High St, Suite 200	Employer/Occup	ation/Labor Organization*	M D Y Amount \$125.00	
		In: 6.1		
City Columbus	OH Stal te	Zip Code 43215	Form (Cash, Check, etc.)	
Full Name of Contributor Teresa Edwards		, , , , , ,	Registration Number, if PAC	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
P. O. Box 126			0 2 2 1 1 3 \$110.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Galloway	OH	43119	cash	

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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\$2,100.00

Total expenditures this event.

\$396.61

\$850.00 Page Total \$

^{*} 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)]