



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 Amy Weiss - Weiss & O'Connor			Registration Number, if PAC	
Street Address 22 E Gay Street, Ste 401	Employer/Occupation/Labor Organization* Weiss & O'Connor/Attorney		Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Lori Brown Johnson			Registration Number, if PAC	
Street Address 5354 N. High St	Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 0309/2018	Amount \$100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Ashley Starling			Registration Number, if PAC	
Street Address 4635 Trueman Blvd, Suite 200	Employer/Occupation/Labor Organization* Willis & Willis/Attorney		Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Kristie A. Campbell and Adam Williams			Registration Number, if PAC	
Street Address 575 S. Third Street	Employer/Occupation/Labor Organization* Strip, Hoppers, Leithart, McGrath/A		Date (MM/DD/YYYY) 03/09/2018	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Cerise Allen			Registration Number, if PAC	
Street Address 1654 S. Third Street	Employer/Occupation/Labor Organization* Magnify Investigations/Investigato		Date (MM/DD/YYYY) 03/09/2018	Amount 100.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, Etc) Cash	

* 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
\$1,860.00

Total Expenditures This Event
\$1,731.46

Page Total \$ 600.00