



# Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Re-Elect Judge Terri Jamison -				
Full Name of Contributor Alise Price			Registration Number, if PAC	
Street Address 608 Office Pkwy, Suite B	Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 03/09/2018	Amount \$150.00 ✓
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, Etc) Check	
Full Name of Contributor The Law Office of Rhea M. Carter			Registration Number, if PAC	
Street Address 325 E. Livingston Ave	Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 03/09/2018	Amount \$150.00 ✓
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Friends of Erica Crawley			Registration Number, if PAC	
Street Address 78 E. Chestnut ST, Apt 301	Employer/Occupation/Labor Organization* Self/Candidate for State House		Date (MM/DD/YYYY) 03/09/2018	Amount \$20.00 ✓
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Eric W. Johnson			Registration Number, if PAC	
Street Address 2114 Brookhurst Ave	Employer/Occupation/Labor Organization* Sowald, Sowald, Anderson & Hav		Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00 ✓
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, Etc) Check	
Full Name of Contributor Kelly Wick			Registration Number, if PAC	
Street Address 400 S. Fifth Street, Suite 200	Employer/Occupation/Labor Organization* Baker & Wick/Partner		Date (MM/DD/YYYY) 03/09/2018	Amount \$150.00 ✓
City Columbus	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 \$ 570.00