

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Elect Jamison For Judge									
Full Name of Contributor Denise White						Registration Number, if PAC			
Street Address 6016 Surrey Square Ln., #102			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Electronic Debit			
City Forrestville		State MD	Zip Code 20747		M 1	D 0	Y 2	Amount \$100.00	
Full Name of Contributor Jacqueline Kemp						Registration Number, if PAC			
Street Address 88 W. Mound St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Electronic Debit			
City Columbus		State OH	Zip Code 43215		M 1	D 2	Y 0	Amount \$500.00	
Full Name of Contributor Julia Leveridge						Registration Number, if PAC			
Street Address 88 W. Mound St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Electronic Debit			
City Columbus		State OH	Zip Code 43215		M 1	D 2	Y 0	Amount \$500.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State OH	Zip Code		M	D	Y	Amount	

* 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)]

Page Total **\$1,100.00**