Statement of Loans Received

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Prescribed by Secretary of State 3/05

Full Name of Committee Elect Jamison for Judge											
Elect Janiison for Judge											
From Whom Received						Prior Amount			Amt. Incurred this Period		
Terri Jamison-Gary						\$1,800.00			\$0.00		
Address											Outstanding Balance
7617 Schneider Way			_								\$1,800.00
City	St ate	Zip Code					. (51)		_		
Blacklick (OH_	43004		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred	м 0 4	2 3 1	2	M	D	Ϋ́	\$ \$0.00	M	D	Y	\$ \$0.00
Registration Number, if PAC	!	L !l_		M	D	Yi	 	M	D	Yı	
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Employer/Occupation/Labor Organization*				М	D.	Y		M	D	Y	
From Whom Received								Prior An	ount		Amt, Incurred this Period
Address		•									Outstanding Balance
City	State	Zip Code									
	OH			מ	Loan ate	s Receiv	ed This Period Amount		P Date	ayments '	l'his Period Amount
	M	D,	Yį	M	D	Y	\$	M	D	Yı	\$
Date Loan was					1						
originally Incurred			!		<u> </u>						
Registration Number, if PAC				М	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*				M	D	Vi		M	D	Y	
Employer/occupant////Cabor Organization				.")				1	ן ן		
From Whom Received				!				Prior An	1	i	Amt. Incurred this Period
TOTAL PROPERTY OF								THOI AII	юшк		Ann. meuned tals renod
Address	•										Outstanding Balance
											·
City	St ate	Zip Code									
-	ОН			n	Loan	s Receiv	ed This Period Amount			ayments '	This Period
	M	D.	Ŷĺ	M	D	Yi	S	M	Date	Yı	Amount \$
Date Loan was								1			
originally Incurred	<u> </u>		ļ			<u> </u>			**		
Registration Number, if PAC			M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*			M	D	Yı	-	M	D	Yi		
5			Ī								
* Required for contributions from indiv	riđuals o	ver \$100 to st	atewide	and ge	neral as	sembly	candidates. If contribu	tor is self-	employe	d, the occ	cupation and the name of

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

¹ Total prior amount \$\$1,		
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$1,800.00	(To Form No. 30-A)

^{*} 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)]