

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Elect Jamison for Judge				
Full Name of Contributor Michael Galeano			Registration Number, if PAC	
Street Address 6253 Murloch Ct. S	Employer/Occupation/Labor Organization* Attorney		M   D   Y 0   1   2   8   1   3	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor James Mowery			Registration Number, if PAC	
Street Address 425 Metro PI N	Employer/Occupation/Labor Organization* Attorney		M   D   Y 0   1   2   8   1   3	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Andrew Grossman			Registration Number, if PAC	
Street Address 32 W. Hoster St	Employer/Occupation/Labor Organization* Attorney		M   D   Y 0   1   2   8   1   3	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Gary Gottfried			Registration Number, if PAC	
Street Address 808 Office Parkway, Ste B	Employer/Occupation/Labor Organization* Attorney		M   D   Y 0   1   2   8   1   3	Amount \$250.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) check	
Full Name of Contributor Suzanne K. Sabol			Registration Number, if PAC	
Street Address 820 S. High St	Employer/Occupation/Labor Organization* Attorney		M   D   Y 0   1   2   8   1   3	Amount \$250.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Delligatti			Registration Number, if PAC	
Street Address 500 S. Front Street, #1150	Employer/Occupation/Labor Organization* Attorney		M   D   Y 0   1   2   8   1   3	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor James Pardi, II			Registration Number, if PAC	
Street Address 500 S. Front Street, #1150	Employer/Occupation/Labor Organization* Attorney		M   D   Y 0   1   2   8   1   3	Amount \$250.00
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 \$ 1,750.00