



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Re-Elect Jamison for Judge					
Full Name of Contributor Tressa Brinkley				Registration Number, if PAC	
Street Address 5937 Effingham Rd		Employer/Occupation/Labor Organization* FCSO/Deputy		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43213	Date (MM/DD/YYYY) 02/03/2018	Amount \$150.00	
Full Name of Contributor Dora P. Pinder				Registration Number, if PAC	
Street Address 4200 Regent Street, Suite 200		Employer/Occupation/Labor Organization* Self/Attorney		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY) 04/04/2018	Amount \$300.00	
Full Name of Contributor David Glisson				Registration Number, if PAC	
Street Address 7 Alban Mews		Employer/Occupation/Labor Organization* Franklin County Public Defender/Attorney		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 02/23/2018	Amount \$30.00	
Full Name of Contributor Gregg Lewis				Registration Number, if PAC	
Street Address 625 City Park Ave		Employer/Occupation/Labor Organization* Self/Attorney		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 03/28/2018	Amount \$100.00	
Full Name of Contributor Buck and Fish				Registration Number, if PAC	
Street Address 3380 Tremont Road		Employer/Occupation/Labor Organization* Buck, Fish, & White/Attorneys		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 03/19/2018	Amount \$100.00	

*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)]