



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

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

Full Name of Committee Re-Elect Judge Terri Jamison				
Full Name of Contributor John H Mason			Registration Number, if PAC	
Street Address 785 E. Broad St	Employer/Occupation/Labor Organization* Self/Psychologist		Date (MM/DD/YYYY) 04/12/2018	Amount \$150.00 ✓
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, Etc) Check	
Full Name of Contributor Katherine Lias			Registration Number, if PAC	
Street Address 2811 Lane Rd	Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 04/12/2018	Amount \$150.00 ✓
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, Etc) Check	
Full Name of Contributor Andrew Grossman			Registration Number, if PAC	
Street Address 50 N. Drexel Ave	Employer/Occupation/Labor Organization* Grossman Law Offices/Attorney		Date (MM/DD/YYYY) 04/12/2018	Amount \$250.00 ✓
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, Etc) Check	
Full Name of Contributor Jon Saia			Registration Number, if PAC	
Street Address 713 S. Front St	Employer/Occupation/Labor Organization* Saia and Piatt/Attorney		Date (MM/DD/YYYY) 04/12/2018	Amount \$300.00 ✓
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 St, Suite 1150	Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 04/12/2018	Amount \$300.00 ✓
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 \$ 1150.00