

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

|   |  |  |  |  |                          |   |                             |  |                           |
|---|--|--|--|--|--------------------------|---|-----------------------------|--|---------------------------|
| Name of Committee in Full<br><b>Elect Jamison For Judge</b> |  |  |  |  |                          |   |                             |  |                           |
| Full Name of Contributor<br><b>Dora Pinder</b>              |  |  |  |  |                          | Registration Number, if PAC                         |                             |  |                           |
| Street Address<br><b>P.O. Box 1463</b>                      |  |  | Employer/Occupation/Labor Organization*<br><b>Attorney</b> |  |                          | Form (Cash, Check, etc.)<br><b>Check</b>            |                             |  |                           |
| City<br><b>Reynoldsburg</b>                                 |  |  | State<br><b>OH</b>   |  | Zip Code<br><b>43068</b> |   | M D Y<br><b>1 0 1 8 1 2</b> |  | Amount<br><b>\$100.00</b> |
| Full Name of Contributor<br><b>Gloria Reed</b>              |  |  |  |  |                          | Registration Number, if PAC                         |                             |  |                           |
| Street Address<br><b>1113 Bryden Rd.</b>                    |  |  | Employer/Occupation/Labor Organization*                    |  |                          | Form (Cash, Check, etc.)<br><b>Cash</b>             |                             |  |                           |
| City<br><b>Columbus</b>                                     |  |  | State<br><b>OH</b>   |  | Zip Code<br><b>43205</b> |   | M D Y<br><b>1 0 2 2 1 2</b> |  | Amount<br><b>\$5.00</b>   |
| Full Name of Contributor<br><b>Ealnor Gray</b>              |  |  |  |  |                          | Registration Number, if PAC                         |                             |  |                           |
| Street Address<br><b>87 S. Hampton Rd.</b>                  |  |  | Employer/Occupation/Labor Organization*                    |  |                          | Form (Cash, Check, etc.)<br><b>Cash</b>             |                             |  |                           |
| City<br><b>Columbus</b>                                     |  |  | State<br><b>OH</b>   |  | Zip Code<br><b>43213</b> |   | M D Y<br><b>1 0 3 0 1 2</b> |  | Amount<br><b>\$50.00</b>  |
| Full Name of Contributor<br><b>Lilian Gray</b>              |  |  |  |  |                          | Registration Number, if PAC                         |                             |  |                           |
| Street Address<br><b>87 S. Hampton Rd.</b>                  |  |  | Employer/Occupation/Labor Organization*                    |  |                          | Form (Cash, Check, etc.)<br><b>Check</b>            |                             |  |                           |
| City<br><b>Columbus</b>                                     |  |  | State<br><b>OH</b>   |  | Zip Code<br><b>43213</b> |   | M D Y<br><b>1 0 3 1 1 2</b> |  | Amount<br><b>\$100.00</b> |
| Full Name of Contributor<br><b>Mia Paul</b>                 |  |  |  |  |                          | Registration Number, if PAC                         |                             |  |                           |
| Street Address<br><b>1590 Kenwick Rd.</b>                   |  |  | Employer/Occupation/Labor Organization*                    |  |                          | Form (Cash, Check, etc.)<br><b>Check</b>            |                             |  |                           |
| City<br><b>Columbus</b>                                     |  |  | State<br><b>OH</b>   |  | Zip Code<br><b>43209</b> |   | M D Y<br><b>1 1 0 4 1 2</b> |  | Amount<br><b>\$100.00</b> |
| Full Name of Contributor<br><b>Toki Clark</b>               |  |  |  |  |                          | Registration Number, if PAC                         |                             |  |                           |
| Street Address<br><b>6025 Mulberry St.</b>                  |  |  | Employer/Occupation/Labor Organization*                    |  |                          | Form (Cash, Check, etc.)<br><b>Check</b>            |                             |  |                           |
| City<br><b>Brice</b>  |  |  | State<br><b>OH</b>   |  | Zip Code<br><b>43109</b> |   | M D Y<br><b>1 1 1 3 1 2</b> |  | Amount<br><b>\$100.00</b> |
| Full Name of Contributor<br><b>Harvey Samuels</b>           |  |  |  |  |                          | Registration Number, if PAC                         |                             |  |                           |
| Street Address<br><b>500 S. Front St., Suite 1150</b>       |  |  | Employer/Occupation/Labor Organization*                    |  |                          | Form (Cash, Check, etc.)<br><b>Check</b>            |                             |  |                           |
| City<br><b>Columbus</b>                                     |  |  | State<br><b>OH</b>   |  | Zip Code<br><b>43215</b> |   | M D Y<br><b>1 2 0 7 1 2</b> |  | Amount<br><b>\$500.00</b> |
| Full Name of Contributor<br><b>Adria Tippins</b>            |  |  |  |  |                          | Registration Number, if PAC                         |                             |  |                           |
| Street Address<br><b>2908 Huntington Grove Square</b>       |  |  | Employer/Occupation/Labor Organization*                    |  |                          | Form (Cash, Check, etc.)<br><b>Electronic Debit</b> |                             |  |                           |
| City<br><b>Alexandria</b>                                   |  |  | State<br><b>VA</b>   |  | Zip Code<br><b>22306</b> |   | M D Y<br><b>1 0 1 8 1 2</b> |  | Amount<br><b>\$100.00</b> |

\* 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 **\$1,055.00**