

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 John H. Bates, Esq.				Registration Number, if PAC	
Street Address 495 S. High Street, Suite 400	Employer/Occupation/Labor Organization*		M	D	Y
			0	1	1
			6	1	3
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$250.00
Full Name of Contributor Marty Anderson, Esq.				Registration Number, if PAC	
Street Address 3409 River Seine Street	Employer/Occupation/Labor Organization*		M	D	Y
			0	1	1
			6	1	3
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check		Amount \$250.00
Full Name of Contributor Michael Silberstein				Registration Number, if PAC	
Street Address 1093 Fountain Lane, Apt. D	Employer/Occupation/Labor Organization*		M	D	Y
			0	1	1
			6	1	3
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Crabbe Brown & James				Registration Number, if PAC	
Street Address 500 S. Front Street, Suite 1200	Employer/Occupation/Labor Organization*		M	D	Y
			0	1	1
			6	1	3
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$1,000.00
Full Name of Contributor Larry H. James, Esq.				Registration Number, if PAC	
Street Address One Miranova Place, Suite 1040	Employer/Occupation/Labor Organization*		M	D	Y
			0	1	1
			6	1	3
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$500.00
Full Name of Contributor Robert Koblentz				Registration Number, if PAC	
Street Address 35 E. Livingston Ave	Employer/Occupation/Labor Organization*		M	D	Y
			0	1	1
			6	1	3
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Bradley Frick & Associates				Registration Number, if PAC	
Street Address 1265 Neil Ave	Employer/Occupation/Labor Organization*		M	D	Y
			0	1	1
			6	1	3
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$250.00

* 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)]

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

\$2,600.00

Total expenditures this event.

\$60.00

Page Total \$ 2,600.00