



**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 Blythe M. Bethel			Registration Number, if PAC	
Street Address 250 Civic Center Drive, Suite 600	Employer/Occupation/Labor Organization* Law Office of Blythe M. Bethel/Att		Date (MM/DD/YYYY) 01/25/2018	Amount \$250.00 ✓
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor John P. Johnson			Registration Number, if PAC	
Street Address 501 S. High Street	Employer/Occupation/Labor Organization* John P. Johnson Law Office/ Attor		Date (MM/DD/YYYY) 01/25/2018	Amount \$250.00 ✓
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Jennifer Brunner			Registration Number, if PAC	
Street Address 35 N. 4th Street, Suite 200	Employer/Occupation/Labor Organization* Franklin County Court of Appeals/		Date (MM/DD/YYYY) 01/25/2018	Amount \$250.00 ✓
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Eugene B. Lewis			Registration Number, if PAC	
Street Address 205 S. Parkview Ave	Employer/Occupation/Labor Organization* Taft, Stettinius & Hollister/Attorney		Date (MM/DD/YYYY) 01/25/2018	Amount \$250.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, Etc) Check	
Full Name of Contributor Joseph L. Jamison			Registration Number, if PAC	
Street Address 3297 Pine Valley Rd	Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 01/25/2018	Amount \$250.00
City Columbus	State OH	Zip Code 43219	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 \$ 1250.00