



**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 Teresa L. Edwards				Registration Number, if PAC	
Street Address 5611 Belle Oak Drive		Employer/Occupation/Labor Organization* Subpoena Services Plus/Owner		Date (MM/DD/YYYY) 01/25/2018	Amount \$250.00
City Galloway		State OH	Zip Code 43119	Form (Cash, Check, Etc) Check	
Full Name of Contributor Marty Anderson				Registration Number, if PAC	
Street Address 3409 River Seine St		Employer/Occupation/Labor Organization* Sowald, Sowald, Anderson & Hav		Date (MM/DD/YYYY) 01/25/2018	Amount \$600.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, Etc) Check	
Full Name of Contributor Heather Sowald				Registration Number, if PAC	
Street Address 201 Academy Court		Employer/Occupation/Labor Organization* Sowald, Sowald, Anderson & Hav		Date (MM/DD/YYYY) 01/25/2018	Amount \$600.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, Etc) Check	
Full Name of Contributor Gregory Jefferson				Registration Number, if PAC	
Street Address 6306 Kinver Edge Way		Employer/Occupation/Labor Organization* Community for New Directions/CE		Date (MM/DD/YYYY) 01/25/2018	Amount \$200.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, Etc) Check	
Full Name of Contributor Crysta Pennington				Registration Number, if PAC	
Street Address 4449 Easton Way 2nd Floor		Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 01/25/2018	Amount \$500.00
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 \$ 2150.00