3	1	-	A				
P	١,	C.	35	ľ	7.	ı	4

Statement of Contributions Received

Page	2

Prescribed by Secretary of State 03/05

Name of Committee in Full Elect Jamison For Judge								
Full Name of Contributor Donita Sowell			Registration Number, if	PÁC				
Street Address 3147 Cannock Ln.	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check				
City Columbus	State OH	Zip Code 43219	0 9 2 0 1 2	Amount \$500.00				
Full Name of Contributor Corey Stroud		Registration Number, if PAC						
Street Address 3147 Cannock Ln.	Employer/Occu	Employer/Occupation/Labor Organization						
City Columbus	State OH	Zip Code 43219	M D Y 0 9 2 0 1 2	Amount \$500.00				
Full Name of Contributor Gladys Thomas Registration Number, if PAC								
Street Address 1058 Mt. Vernon Ave.		pation/Labor Organization		Form (Cash, Check, etc.) Cash				
City Columbus	State OH	Zip Code 43203	$\begin{bmatrix} M \\ 0 \end{bmatrix} 9 \begin{bmatrix} D \\ 2 \end{bmatrix} 5 \begin{bmatrix} 1 \\ 1 \end{bmatrix} 2$	Amount 2 \$100.00				
Full Name of Contributor Beverly Corner			Registration Number, if					
Street Address 1036 Fordham Rd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check				
City Columbus	State OH	Zip Code 43224	1 0 0 1 1 2	Antount \$50.00				
Full Name of Contributor Michael Sowell Registration Number, if PAC								
Street Address 4118 Claver Dr.	Employer/Occu	pation/Labor Organization	,	Form (Cash, Check, etc.) Check				
City Columbus	State OH	Zip Code 43219	1 0 0 4 1 2	Amount \$500.00				
Full Name of Contributor John Hairston Registration Number, if PAC								
Street Address 17591 Wildwood Ln.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check				
Ciry Cleveland	State OH	Zip Code 44119	M D Y					
Full Name of Contributor Fred Marshall			Registration Number, if	PAC				
Street Address 1628 Fairgate PI.		pation/Labor Organization		Form (Cash, Check, etc.) Cash				
City Columbus	State OH	Zip Code 43206	M D Y					
Full Name of Contributor Margie Daffey			Registration Number, if					
Street Address 337 Linwood Ave.	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check				
City Columbus	State OH	Zip Code 43205	M D Y 1 1 1 2	Amount 2 \$500.00				

Page Total \$2,400.00

^{*} 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)]