



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee					
Re-Elect Judge Terri Jamison	•				
Full Name of Contributor			Registration Number, if PAC		
GoDaddy					
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
14455 N. Hayden Rd., Suite 219	Refund	01/	/09/18-04/18/18	Debit to Bank	
City	State	Zip Code		Amount	
Scottsdale	AZ	85260		\$107.89	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·	<u> </u>	er, if PAC		
Transfer from Form 31-C					
Street Address	Type*	Date (MM/DD/YYYY) 01/05/2018		Form (Cash, Check, etc.)	
	Refund			Check	
City	State	Zip Code		Amount	
	он				
Full Name of Contributor			Registration Number, if PAC		
Transfer from Form 31-C					
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)	
	Refund		01/19/2018	Check	
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor			Registration Number, if PAC		
Street Address	Type*	Date (MM/D	D/YYY)	Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code		Amount	
	ОН				
Full Name of Contributor			Registration Number, if PAC		
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)	
	Refund				
City	State	Zip Code Amount		Amount	
	ОН				

Page Total \$	107.89		

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.