



**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 Timothy Gerrity			Registration Number, if PAC	
Street Address 400 S. Fifth St, Suite 302	Employer/Occupation/Labor Organization* Gerrity and Burrier/Attorney		Date (MM/DD/YYYY) 04/12/2018	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Robert and Bonnie Burman			Registration Number, if PAC	
Street Address 580 S. High St	Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 04/12/2018	Amount \$800.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Law Office of Anthony Greco			Registration Number, if PAC	
Street Address 6810-12 Caine Rd	Employer/Occupation/Labor Organization* Law Office of Anthony Greco/Atto		Date (MM/DD/YYYY) 04/12/2018	Amount \$1000.00
City Worthington	State OH	Zip Code 43235	Form (Cash, Check, Etc) Check	
Full Name of Contributor Vincent Dugan			Registration Number, if PAC	
Street Address 923 E. Broad St	Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 04/12/2018	Amount \$300.00
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, Etc) Check	
Full Name of Contributor James J. Pardi, II			Registration Number, if PAC	
Street Address 500 S. Front St, Suite 1150	Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 04/12/2018	Amount \$300.00
City Columbus	State OH	Zip Code 43215	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 \$ 2,550.00