31-E R.C. 3517,10(B)

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 5/1/12	
Page 1	

Name of Committee in Full	riosonoed by occidum	· · · · · · · · · · · · · · · · · · ·		
Elect Jamison For Judge				
Full Name of Contributor			Registration Number, if PAC	
Contributors of \$25 or less			B	,
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
			0 5 0 1 1	2 \$150.00
City	State OH	Zip Code	Form (Cash, Check, e Cash/Check	tc.)
Full Name of Contributor	Un		Registration Number	EDAC .
Craig Pingle			Registration Number	, IT PAC
Street Address	Employer/Occupati		M; D Y	Amount
1104 Countryside Dr.	Employer/Occupation/Labor Organization*		0 5 0 1 1	
City	Sta¦ te	Zip Code	Form (Cash, Check, e	1c.)
Findlay	OH	45840	Cash	o
Full Name of Contributor			Registration Number	, if PAC
Street Address	Employer/Occupat	Employer/Occupation/Labor Organization*		Amount
	ap.s, s \$ 552p.s.			
City	Sta te	Zip Code	Form (Cash, Check, e	tc.)
	OH			
Full Name of Contributor			Registration Number	, if PAC
Street Address	Address Employer/Occupation/Labor Organization*		M D Y	Amount
City	Stafte OH	Zip Code	Form (Cash, Check, e	ac.)
Full Name of Contributor			Registration Number	if PAC
				,
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	Sta te	Zip Code	Form (Cash, Check, e	te)
	OH	Zip Code	Toma (Cash, Check,	A. A
Full Name of Contributor	Name of Contributor		Registration Number, if PAC	
C				4 I.
Street Address	Employer/Occupat	ion/Labor Organization*	MD	Amount
City	Sta te	Zip Code	Form (Cash, Check,	etc.)
	OH			
Full Name of Contributor		Registration Number, if PAC		
Street Address	r110	in-the draw Orang Service	M D	V Amount
	1:mpioyer/Occupat	ion/Labor Organization*		T Shoulk
City	Sta te	Zip Code	Form (Cash, Check,	etc.)
	OH			
* Required for contributions from individuals ove	r \$100 to statewide and General Assi	embly candidates. If contribu	utor is self-employed, the	occupation and the name of

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 No. 31-E" and list the date of the event

\$204.59

in the date coldina	
Total contributions this event	Total expenditures this event.
\$190.00	\$204.59

Page Total \$

\$190.00

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)]