



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 Jeffrey A. Brown			Registration Number, if PAC	
Street Address 580 South High Street, Suite 200	Employer/Occupation/Labor Organization* Jeffre A. Brown/Attorney		Date (MM/DD/YYYY) 01/25/2018	Amount \$250.00 ✓
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Mary C. Ansbro			Registration Number, if PAC	
Street Address 6153 Cherry Hill Drive	Employer/Occupation/Labor Organization* Battisti & Ansbro/ Attorney		Date (MM/DD/YYYY) 01/25/2018	Amount \$250.00 ✓
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, Etc) Check	
Full Name of Contributor Ronald Petroff			Registration Number, if PAC	
Street Address 140 East Town Street, Suite 1070	Employer/Occupation/Labor Organization* Petroff Law Offices/Attorney		Date (MM/DD/YYYY) 01/25/2018	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Mary E Crutcher			Registration Number, if PAC	
Street Address 1425 Knollwood Dr. East	Employer/Occupation/Labor Organization* Retired		Date (MM/DD/YYYY) 01/25/2018	Amount \$250.00
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, Etc) Check	
Full Name of Contributor Eimar Bahnson			Registration Number, if PAC	
Street Address 2151 W. Lane Ave	Employer/Occupation/Labor Organization* Massucci Law Group/Attorney		Date (MM/DD/YYYY) 01/25/2018	Amount \$250.00 ✓
City Columbus	State OH	Zip Code 43221	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 \$ 1250.00