



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

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Re-Elect Judge Terri Jamison -				
Full Name of Contributor Robert J. Behal			Registration Number, if PAC	
Street Address 2531 Brentwood Rd	Employer/Occupation/Labor Organization* The Behal Law Group/Owner		Date (MM/DD/YYYY) 01/25/2018	Amount \$600.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, Etc) Check	
Full Name of Contributor Michael Silberstein			Registration Number, if PAC	
Street Address 1093 Fountain Lane, Apt. D	Employer/Occupation/Labor Organization* Northwestern Mutual/Agent		Date (MM/DD/YYYY) 01/25/2018	Amount \$100.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, Etc) Check	
Full Name of Contributor Sharon Lynch			Registration Number, if PAC	
Street Address 447 Chatfield Park	Employer/Occupation/Labor Organization* Unemployed		Date (MM/DD/YYYY) 01/25/2018	Amount \$100.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, Etc) Check	
Full Name of Contributor Kerry Hageman			Registration Number, if PAC	
Street Address 580 S. High St, Suite 200	Employer/Occupation/Labor Organization* Hageman Law Offices/Attorney		Date (MM/DD/YYYY) 01/25/2018	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Michael Sexton			Registration Number, if PAC	
Street Address 984 Highland Street	Employer/Occupation/Labor Organization* Franklin County BOE/Member		Date (MM/DD/YYYY) 01/25/2018	Amount \$100.00
City Columbus	State OH	Zip Code 43201	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 \$ 1000.00