



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Re-Elect Jamison for Judge				
Full Name of Contributor Kasper L. Harris			Registration Number, if PAC	
Street Address 4863 Briargrove Rd		Employer/Occupation/Labor Organization* The ITG Agency/Branding Developer		Form (Cash, Check, etc.) PayPal
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY) 01/09/2018	Amount \$10.00
Full Name of Contributor Alissa Sway			Registration Number, if PAC	
Street Address 6810 Park Mill Dr		Employer/Occupation/Labor Organization* Homemaker		Form (Cash, Check, etc.) PayPal
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 01/15/2018	Amount \$100.00
Full Name of Contributor Denise White			Registration Number, if PAC	
Street Address 6016 Surrey Square Lane, Apt. 102		Employer/Occupation/Labor Organization* U. S. Government		Form (Cash, Check, etc.) PayPal
City Forestville	State MD	Zip Code 20747	Date (MM/DD/YYYY) 01/20/2018	Amount 150.00
Full Name of Contributor Myrna Young			Registration Number, if PAC	
Street Address 5821 Marlboro Park, Apt. 203		Employer/Occupation/Labor Organization* NCRP/Bookkeeper		Form (Cash, Check, etc.) PayPal
City Forestville	State MD	Zip Code 20747	Date (MM/DD/YYYY) 01/20/2018	Amount 100.00
Full Name of Contributor Denise Jordan Williams			Registration Number, if PAC	
Street Address 1421 Colony Rd		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) PayPal
City Oxon Hill	State MD	Zip Code 20745	Date (MM/DD/YYYY) 01/25/2018	Amount 100.00

*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)]