

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Elect Jamison For Judge</b>				
Full Name of Contributor <b>Contributors of \$25 or less</b>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 1 2	Amount \$225.00
City	State OH	Zip Code	Form (Cash, Check, etc.) Cash/Check	
Full Name of Contributor <b>Victoria Murray</b>			Registration Number, if PAC	
Street Address 3033 Perinton Pl.	Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 1 2	Amount \$30.00
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc.) Cash	
Full Name of Contributor <b>Lenora Parham</b>			Registration Number, if PAC	
Street Address 1224 Lockborne Rd.	Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 1 2	Amount \$40.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash	
Full Name of Contributor <b>Kathleen Holt Wills</b>			Registration Number, if PAC	
Street Address 1731 Oak St.	Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) Check	
Full Name of Contributor <b>Tanya White</b>			Registration Number, if PAC	
Street Address 9206 Firstgate Dr.	Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 1 2	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor <b>M. Walter-Preston</b>			Registration Number, if PAC	
Street Address 1151 Reed Circle Dr.	Employer/Occupation/Labor Organization*		M D Y 1 0 1 5 1 2	Amount \$30.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

\* 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

\$425.00

Total expenditures this event.

\$0.00

Page Total \$ 425.00