



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 The Law Office of Nicholas W. Yaeger			Registration Number, if PAC	
Street Address 580 South High Street, Suite 200	Employer/Occupation/Labor Organization* Law Office of Nicholas W. Yaeger	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 The Behal Law Group			Registration Number, if PAC	
Street Address 501 S. High Street	Employer/Occupation/Labor Organization* The Behal Law Group	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 Eugene Battisti, Jr. Attorney at Law			Registration Number, if PAC	
Street Address 765 S. High Street	Employer/Occupation/Labor Organization* Self/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 The Law Office of Anthony W. Greco			Registration Number, if PAC	
Street Address 6810-12 Caine Road	Employer/Occupation/Labor Organization* The Law Office of Anthony W. Greco	Date (MM/DD/YYYY) 01/25/2018	Amount \$600.00	
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, Etc) Check	
Full Name of Contributor Wolinetz Law Offices			Registration Number, if PAC	
Street Address 250 Civic Center Dr, Suite 220	Employer/Occupation/Labor Organization* Wolinetz Law Offices	Date (MM/DD/YYYY) 01/25/2018	Amount \$500.00	
City Columbus	State OH	Zip Code 43215	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 \$ 1850.00