



**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 Jinx Beachler			Registration Number, if PAC	
Street Address 1620 E. Broad St, Suite 101		Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 04/12/2018
City Columbus		State OH	Zip Code 43203	Amount \$125.00 ✓
Form (Cash, Check, Etc) Check				
Full Name of Contributor David Loewenstein			Registration Number, if PAC	
Street Address 691 S. Fifth Street		Employer/Occupation/Labor Organization* Lowenstein & Assoc./Psych		Date (MM/DD/YYYY) 04/12/2018
City Columbus		State OH	Zip Code 43206	Amount \$150.00 ✓
Form (Cash, Check, Etc) Check				
Full Name of Contributor Debra DeSanto			Registration Number, if PAC	
Street Address 887 S. High Street		Employer/Occupation/Labor Organization* DeSanto & McNichols/Attorney		Date (MM/DD/YYYY) 04/12/2018
City Columbus		State OH	Zip Code 43206	Amount \$300.00 ✓
Form (Cash, Check, Etc) Check				
Full Name of Contributor Walker Novack Legal Group			Registration Number, if PAC	
Street Address 5013 Pine Creek Drive		Employer/Occupation/Labor Organization* Walker Novack Legal/Attorneys		Date (MM/DD/YYYY) 04/12/2018
City Westerville		State OH	Zip Code 43081	Amount \$150.00 ✓
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/Attorneys		Date (MM/DD/YYYY) 04/12/2018
City Columbus		State OH	Zip Code 43215	Amount \$300.00 ✓
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 \$ 1025.00