



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 Janice M. Flowers			Registration Number, if PAC	
Street Address 4449 Easton Way	Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Monica Womack			Registration Number, if PAC	
Street Address 5072 Buffalo Run	Employer/Occupation/Labor Organization* State of Ohio/Minority Bus. Dev.		Date (MM/DD/YYYY) 03/09/2018	Amount \$90.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Jo Kaiser			Registration Number, if PAC	
Street Address 995 S. High Street	Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Shantae DeCarlow			Registration Number, if PAC	
Street Address 681 S. Front St	Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Ryan McGahan			Registration Number, if PAC	
Street Address 6837 Olentangy River Rd.	Employer/Occupation/Labor Organization* Homestead America/Mrktg. Dir.		Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, Etc) Cash	

* 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 \$ 490.00