³ Total payments this period \$ ___

⁴ Total Outstanding Balance \$ ___

\$1,800.00

Statement of Loans Received

	4	
Page		
1 455		_

				Prescri	bed by Se	cretary o	f State 3/05					
Full Name of Committee									_			
Elect Jamison for Judge												
From Whom Received				_	_			Prior A	mount	_	Amt. Incurred this Period	
Terri Jamison								,800.00	1	Ann. incurred this Period		
Address	_								,000.00			
7617 Schneider Way											Outstanding Balance	
City	T a: -	 			_						\$1,800.00	
Blacklick	St ate	Zip Code 43004		İ	Los	ne Dacai	ed This Period			D	73	
	ОН	43004			Date	43 INCLEI	Amount		Date	rayment	s This Period Amount	
Date Loan was	M	P	Y	M	D	Y	S	M	D	Yî	\$	
originally Incurred	0 4	2 3 1	2								\$0.00	
Registration Number, if PAC	<u>!</u>			M	D	Yi		M	 D	Yi	 	
,								1 "	. "	'		
Employer/Occupation/Labor Organizati				1	+!	↓		_	<u> </u>	<u> </u>		
Employer/occupation/Capor Organization				M	l P	Y	ľ	M	P	l Y		
r III												
From Whom Received								Prior A	mount		Amt. Incurred this Period	
					•							
Address ·		<u></u>					_				Outstanding Balance	
											_	
City	St ate	Zip Code					-	_				
				Loans Received This Period					Payments This Period			
<u> </u>	M	D I	V.	M	Date	TG	Amount	 	Date	1 35	Amount	
Date Loan was		1 1	1	"	Ιĭ	1	ľ	M	D	"	,	
originally Incurred]			1		
Registration Number, if PAC				M	D	Y		M	D _i	Y		
										1		
Employer/Occupation/Labor Organization*				M	D	Y		M	D	Yi	-	
From Whom Received					' '	<u>- ! </u>		Prior Ar	noumt	! !	Amt. Incurred this Period	
								1	поши		Ant. incurred this Period	
Address	<u> </u>	-										
											Outstanding Balance	
Ci	T 63	Ta: a										
City State Zip Code				Loans Received This Period					Payments This Period			
	ОН			£	Date		Amount		Date	r wy meu c	Amount	
Date Loan was	M	1 1	Ϋ́	M	D	Y	s	M	D	Y	S	
originally Incurred					1 1					1 1		
Registration Number, if PAC	<u> </u>	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	'	M	D	Yi		M !	D	Y	 	
										1		
Employer/Occupation/Labor Organization	n			M	D	Yi	ļ	1	+ !	1 1		
	,			<u> </u>	11			M	P	ľ		
				l	<u> </u>		<u></u>	1				
Required for contributions from in	idividuals c	iver \$100 to sta	atewide	e and go	eneral as	sembly	candidates. If contrib	utor is self	-employe	d, the o	ccupation and the name of	
the individual's business, if any, ra	ther than en	nployer should	be list	ed. If t	wo or me	ore emp	loyees contribute via	payroll dec	duction ar	nd excee	d the aggregate of \$100, the	
labor organization of which the em	pioyees are	members, if a	ıny, mu	est also	appear.	[K.C. 3	517.10(B)(4)J					
f a loan is forgiven, write "Forg	iven" in t	he "Outstandi	ing Ba	alance	space.	Trans	fer total of all loans	received	this ner	iod to tl	he Statement of Other	
ncome (Form No. 31-A-2). Trai	nsfer total	of all paymer	nts ma	de in t	his peri	od to ti	ne Statement of Ext	enditures	(Form	No. 31-	B). Transfer Outstanding	
Balance to the Cover page (Fort	n No. 30- <i>i</i>	A).			-							
· -												
Total prior amount \$ \$1,	800.00											
Total received this period \$	\$0.00			(To Fo	orm No.	31.4.	2)					
				(1010	AIII 180.	217/17	-					

(To Form No. 31-B)

(To Form No. 30-A)