



**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 Amy McKinlay			Registration Number, if PAC	
Street Address 580 South High Street, Suite 200	Employer/Occupation/Labor Organization* McKinlay Law Offices		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 Michael J. Delligatti			Registration Number, if PAC	
Street Address 500 S. Front Street, Suite 1150	Employer/Occupation/Labor Organization* Michael J. Delliggatti/ 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 Jackie Kemp and Julia Leveridge			Registration Number, if PAC	
Street Address 88 West Mound Street	Employer/Occupation/Labor Organization* Kemp, Schaeffer & Rowe/Attorney		Date (MM/DD/YYYY) 01/25/2018	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Shawn Dingus - Plymale & Dingus			Registration Number, if PAC	
Street Address 250 Civic Center Dr., Suite 600	Employer/Occupation/Labor Organization* Plymale & Dingus/Attorney		Date (MM/DD/YYYY) 01/25/2018	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, Etc) Check	
Full Name of Contributor Dennis Horvath - Wolinetz Law Offices			Registration Number, if PAC	
Street Address 250 Civic Center Dr, Suite 220	Employer/Occupation/Labor Organization* Wolinetz Law Offices/Attorney		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 \$ 1800.00