



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Re-Elect Jamison for Judge				
Full Name of Contributor Rosemarie Welch			Registration Number, if PAC	
Street Address 4449 Easton Way 2nd Floor		Employer/Occupation/Labor Organization* Rosemarie A. Welch, LPA/Attorney		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY) 02/28/2018	Amount \$250.00
Full Name of Contributor Richard Morris			Registration Number, if PAC	
Street Address 5663 Red Bend Lane		Employer/Occupation/Labor Organization* Self/Attorney		Form (Cash, Check, etc.) PayPal
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 03/07/2018	Amount \$200.00
Full Name of Contributor Therese Howard Moore			Registration Number, if PAC	
Street Address 7123 Calusa Drive		Employer/Occupation/Labor Organization* AT&T/Operations Manager		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/09/2018	Amount \$50.00
Full Name of Contributor Carl Williams			Registration Number, if PAC	
Street Address 5192 Upland Meadow Drive		Employer/Occupation/Labor Organization* Pitts Insurance/Insurance		Form (Cash, Check, etc.) PayPal
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 03/09/2018	Amount \$25.00
Full Name of Contributor Therese Moore			Registration Number, if PAC	
Street Address 7123 Calusa Drive		Employer/Occupation/Labor Organization* AT&T/Operations Manager		Form (Cash, Check, etc.) PayPal
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/21/2018	Amount \$25.00

*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)]