



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 Jennifer St.Clair			Registration Number, if PAC	
Street Address 3796 Bentworth Lane		Employer/Occupation/Labor Organization* Lillibridge Healthcare/Asst. Propri		Date (MM/DD/YYYY) 03/09/2018
City Gahanna		State OH	Zip Code 43230	Amount \$150.00 ✓
Form (Cash, Check, Etc) Check				
Full Name of Contributor Vicki Johnston			Registration Number, if PAC	
Street Address 145 E. Livingston Ave		Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 03/09/2018
City Columbus		State OH	Zip Code 43215	Amount \$200.00 ✓
Form (Cash, Check, Etc) Check				
Full Name of Contributor Tressa Brinkley			Registration Number, if PAC	
Street Address 5937 Effingham Rd		Employer/Occupation/Labor Organization* FCSO/Deputy		Date (MM/DD/YYYY) 03/09/2018
City Columbus		State OH	Zip Code 43213	Amount \$100.00 ✓
Form (Cash, Check, Etc) Check				
Full Name of Contributor Mary C. Ansbro			Registration Number, if PAC	
Street Address 6153 Cherry Hill Dr.		Employer/Occupation/Labor Organization* Battisti & Ansbro/Partner		Date (MM/DD/YYYY) 03/09/2018
City Columbus		State OH	Zip Code 43213	Amount \$200.00 ✓
Form (Cash, Check, Etc) Check				
Full Name of Contributor Ross Gillespie Law			Registration Number, if PAC	
Street Address 5650 Blazer Pkwy		Employer/Occupation/Labor Organization* Sowald, Sowald, Anderson, Hawl		Date (MM/DD/YYYY) 03/09/2018
City Dublin		State OH	Zip Code 43017	Amount \$100.00 ✓
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 \$ 750.00