



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 Lucia Terry				Registration Number, if PAC	
Street Address 4091 Clifton Park Cir. West Apt. 303		Employer/Occupation/Labor Organization* Elizabeth V. Westfall/Assistant		Date (MM/DD/YYYY) 02/20/2018	Amount \$20.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Eric Brehm				Registration Number, if PAC	
Street Address 1466 Sedgefield Drive		Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 02/20/2018	Amount \$100.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Linda Craig				Registration Number, if PAC	
Street Address 1026 Linwood Ave		Employer/Occupation/Labor Organization* Franklin Co. Treasurer/admin		Date (MM/DD/YYYY) 02/20/2018	Amount \$20.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Keith Edwards				Registration Number, if PAC	
Street Address 283 S. Third St.		Employer/Occupation/Labor Organization* Self/Attorney		Date (MM/DD/YYYY) 02/20/2018	Amount \$50.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, Etc) Cash	
Full Name of Contributor Samuel Gresham				Registration Number, if PAC	
Street Address 255 Old Trail Drive		Employer/Occupation/Labor Organization* Franklin Co. Treasurer/Chief Dep		Date (MM/DD/YYYY) 02/20/2018	Amount \$30.00
City Columbus		State OH	Zip Code 43213	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 \$ 220.00