



**Statement of Contributions Received  
at a Social or Fund-Raising Event**

Form 31-E  
R.C. 3517.10(B)

<b>Full Name of Committee</b> Re-Elect Judge Terri Jamison -				
Full Name of Contributor Suzanne K. Sabol			Registration Number, if PAC	
Street Address 15 E. Kossuth St		Employer/Occupation/Labor Organization* Self/Attorney	Date (MM/DD/YYYY) 03/09/2018	Amount \$150.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, Etc) Check
Full Name of Contributor Eugene Butler			Registration Number, if PAC	
Street Address 137 East State Street		Employer/Occupation/Labor Organization* Self/Attorney	Date (MM/DD/YYYY) 03/09/2018	Amount \$150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, Etc) Check
Full Name of Contributor Law Office of Jefferson Liston - Jefferson Liston			Registration Number, if PAC	
Street Address 536 S. High Street		Employer/Occupation/Labor Organization* Self/Attorney	Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, Etc) Check
Full Name of Contributor Bill Ditty			Registration Number, if PAC	
Street Address 6065 Frantz Rd		Employer/Occupation/Labor Organization* Self/Accountant	Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, Etc) Cash
Full Name of Contributor Teresa Edwards			Registration Number, if PAC	
Street Address 909 S High Street		Employer/Occupation/Labor Organization* Subpoena Services Plus/Owner	Date (MM/DD/YYYY) 03/09/2018	Amount \$100.00
City Columbus		State OH	Zip Code 43206	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 \$ 600.00