



**Statement of Contributions Received
at a Social or Fund-Raising Event**
Form 31-E
R.C. 3517.10(B)

Full Name of Committee Committee to Re-elect Judge Gill				
Full Name of Contributor Legal Alternatives, LLC			Registration Number, if PAC	
Street Address 629 N. High Street, 4th Floor		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43215	Amount \$600.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Jefferson Liston *			Registration Number, if PAC	
Street Address 536 S. High St.		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43215	Amount \$150.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Jane Lyon			Registration Number, if PAC	
Street Address 4164 Fairfax Dr.		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43220	Amount \$200.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Lorie McCaughan *			Registration Number, if PAC	
Street Address 1331 Lake Shore Drive Apt. B		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43204	Amount \$150.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor McKinlay Law Offices LLC			Registration Number, if PAC	
Street Address 580 S. High Street, Ste 200		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43215	Amount \$250.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Chris Merkle			Registration Number, if PAC	
Street Address 272 S. Front Street Suite 703		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43215	Amount \$150.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Brett Miller			Registration Number, if PAC	
Street Address 38 E. Mithoff Street		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43206	Amount \$150.00
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.

* connotes court appointed expert or attorney/GAL list
** relative of court employee

Total Contributions This Event	Total Expenses This Event	Page Total: \$ <u>1650</u>
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