

Event Date: <u>02/01/2018</u> Page:

## **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 Jud         | ge Gill                     |                                  |                              |                                  |          |  |  |
| Full Name of Contributor          | Registration Number, if PAC |                                  |                              |                                  |          |  |  |
| John Andrews                      |                             |                                  |                              |                                  |          |  |  |
| Street Address                    |                             | Employer/Occupation/Organization |                              | MM/DD/YYYY                       | Amount   |  |  |
| 1192 Sanctuary Pl                 |                             |                                  |                              | 02/01/18                         | \$100.00 |  |  |
| City                              | State                       |                                  | Zip Code                     | Form: Cash, Check, etc           |          |  |  |
| Columbus                          | ОН                          | 43230                            |                              | CASH                             |          |  |  |
| Full Name of Contributor          | Registration Number, if PAC |                                  |                              |                                  |          |  |  |
| Matthew Drandt                    |                             |                                  |                              |                                  |          |  |  |
| Street Address                    |                             |                                  | oyer/Occupation/Organization | MM/DD/YYYY                       | Amount   |  |  |
| 1288 Lowland Court                | Lau                         |                                  |                              | 02/01/18 Form: Cash, Check, etc  | \$80.00  |  |  |
| Calumbus                          | State<br>OH                 |                                  | Zip Code<br>43204            | CASH                             |          |  |  |
| Columbus Full Name of Contributor | IOn                         |                                  | 43204                        | Registration Number, i           | f PAC    |  |  |
| Lee Rosenthal                     |                             |                                  |                              | Registration Northbel, I         | ITAC     |  |  |
| Street Address                    |                             |                                  | oyer/Occupation/Organization | MM/DD/YYYY                       | Amount   |  |  |
| 2 Easton Oval, Ste 180            |                             |                                  |                              | 02/01/18                         | \$100.00 |  |  |
| City                              | State                       | L                                | Zip Code                     | Form: Cash, Check, etc           | Ψ100.00  |  |  |
| Columbus                          | ОН                          |                                  | 43219                        | CASH                             |          |  |  |
| Full Name of Contributor          | Registration Number, if PAC |                                  |                              |                                  |          |  |  |
| Cash                              |                             |                                  |                              |                                  |          |  |  |
| Street Address                    |                             | Empl                             | oyer/Occupation/Organization | MM/DD/YYYY                       | Amount   |  |  |
|                                   |                             |                                  |                              | 02/01/18                         | \$60.00  |  |  |
| City                              | State                       |                                  | Zip Code                     | Form: Cash, Check, etc           |          |  |  |
| N/A                               | İ                           |                                  |                              | CASH                             |          |  |  |
| Full Name of Contributor          |                             |                                  |                              | Registration Number, if PAC      |          |  |  |
| Kevin Gholston                    |                             |                                  |                              |                                  |          |  |  |
| Street Address                    |                             | Employer/Occupation/Organization |                              | MM/DD/YYYY                       | Amount   |  |  |
| 4642 Aberdean Avenue              | T 01 1                      |                                  | T-7: 0 1                     | 02/01/18  Form: Cash, Check, etc | \$200.00 |  |  |
| City                              | State                       |                                  | Zip Code                     | CC                               |          |  |  |
| Dublin Full Name of Contributor   | ОН                          |                                  | 43017                        | Registration Number, i           | if PAC   |  |  |
| Robert Behal                      | Regulation Northbol, in the |                                  |                              |                                  |          |  |  |
| Street Address                    | MM/DD/YYYY                  | Amount                           |                              |                                  |          |  |  |
| 2531 Brentwood Road               |                             | `                                | oyer/Occupation/Organization | 02/01/18                         | \$600.00 |  |  |
| City                              | State                       | <u> </u>                         | Zip Code                     | Form: Cash, Check, etc           | 4000.00  |  |  |
| Bexley                            | ОН                          |                                  | 43209                        | CHECK                            |          |  |  |
| Full Name of Contributor          | Registration Number, if PAC |                                  |                              |                                  |          |  |  |
| Timothy Madison                   |                             |                                  |                              |                                  |          |  |  |
| Street Address                    |                             | Employer/Occupation/Organization |                              | MM/DD/YYYY                       | Amount   |  |  |
| 956 Pleasant Ridge Ave            |                             |                                  |                              | 02/01/18                         | \$200.00 |  |  |
| City                              | State                       |                                  | Zip Code                     | Form: Cash, Check, etc           |          |  |  |
| Bexley                            | ОН                          |                                  | 43209                        | 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 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: \$ /340 |
|--------------------------------|---------------------------|---------------------|
|                                |                           |                     |