



**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 Daniel Schmidt			Registration Number, if PAC	
Street Address 447 East Main Street; Suite 200		Employer/Occupation/Organization	MM/DD/YYYY 02/01/18	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form: Cash, Check, etc CHECK	
Full Name of Contributor Michael Sexton			Registration Number, if PAC	
Street Address 984 Highland Street		Employer/Occupation/Organization	MM/DD/YYYY 02/01/18	Amount \$100.00
City Columbus	State OH	Zip Code 43201	Form: Cash, Check, etc CHECK	
Full Name of Contributor George Skestos			Registration Number, if PAC	
Street Address 2 Miranova Pl, Ste 700		Employer/Occupation/Organization	MM/DD/YYYY 02/01/18	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form: Cash, Check, etc CHECK	
Full Name of Contributor Charlie Smith			Registration Number, if PAC	
Street Address 2024 Cardigan Ave		Employer/Occupation/Organization	MM/DD/YYYY 02/01/18	Amount \$100.00
City Columbus	State OH	Zip Code 43212	Form: Cash, Check, etc CHECK	
Full Name of Contributor Max Sovell			Registration Number, if PAC	
Street Address 41 S. High St, Ste 2800-3200		Employer/Occupation/Organization	MM/DD/YYYY 02/01/18	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form: Cash, Check, etc CHECK	
Full Name of Contributor Laura Spears			Registration Number, if PAC	
Street Address 530 W. Spring Street, Suite 200		Employer/Occupation/Organization	MM/DD/YYYY 02/01/18	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form: Cash, Check, etc CHECK	
Full Name of Contributor David Stebbins			Registration Number, if PAC	
Street Address 544 Piedmont Rd		Employer/Occupation/Organization	MM/DD/YYYY 02/01/18	Amount \$200.00
City Columbus	State OH	Zip Code 43214	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>2150</u>
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