



**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				
Doug Klingel				
Street Address 1989 Ridgecliff Rd		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
				Amount \$100.00
City Upper Arlington	State OH	Zip Code 43221	Form: Cash, Check, etc SQUARE	
Full Name of Contributor Kathleen Tobin			Registration Number, if PAC	
Street Address 2002 Lynn Gay Ct		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
				Amount \$60.00
City Powell	State OH	Zip Code 43065	Form: Cash, Check, etc SQUARE	
Full Name of Contributor Rebekah Smith			Registration Number, if PAC	
Street Address 319 Stewart Ave		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
				Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form: Cash, Check, etc SQUARE	
Full Name of Contributor James Eby			Registration Number, if PAC	
Street Address 3025 Dale Ave		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
				Amount \$50.00
City Columbus	State OH	Zip Code 43209	Form: Cash, Check, etc SQUARE	
Full Name of Contributor Laura Flynn			Registration Number, if PAC	
Street Address 4382 Rexwood Drive		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
				Amount \$50.00
City Columbus	State OH	Zip Code 43230	Form: Cash, Check, etc SQUARE	
Full Name of Contributor Anne Courtney			Registration Number, if PAC	
Street Address 97 E. Kelso Road		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
				Amount \$25.00
City Columbus	State OH	Zip Code 43202	Form: Cash, Check, etc SQUARE	
Full Name of Contributor Shannon Dawes			Registration Number, if PAC	
Street Address 169 E. Livingston Ave		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
				Amount \$60.00
City Columbus	State OH	Zip Code 43215	Form: Cash, Check, etc SQUARE	

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>395</u>
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