



**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 Brad Capuano			Registration Number, if PAC	
Street Address 912 Covepoint Drive		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43228	Amount \$25.00
Form: Cash, Check, etc CASH				
Full Name of Contributor Tiauna Sessley			Registration Number, if PAC	
Street Address 1803 Bairsford Drive		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43232	Amount \$40.00
Form: Cash, Check, etc CASH				
Full Name of Contributor Robert Hoag			Registration Number, if PAC	
Street Address 1427 Roxbury Road		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43212	Amount \$50.00
Form: Cash, Check, etc CASH				
Full Name of Contributor Shannon Cogan **			Registration Number, if PAC	
Street Address 71 W. 10th Avenue; Apt. A		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43201	Amount \$50.00
Form: Cash, Check, etc CASH				
Full Name of Contributor Jinx Beachler *			Registration Number, if PAC	
Street Address 1620 E. Broad Street; Suite 101		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43215	Amount \$100.00
Form: Cash, Check, etc CASH				
Full Name of Contributor Adam Eliot			Registration Number, if PAC	
Street Address 366 Clinton Heights Ave		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43202	Amount \$30.00
Form: Cash, Check, etc CASH				
Full Name of Contributor Heather Stockwell			Registration Number, if PAC	
Street Address 366 Clinton Heights Ave		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43202	Amount \$30.00
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.

* connotes court appointed expert or attorney/GAL list

** relative of court employee

Total Contributions This Event

Total Expenses This Event

Page Total: \$ **325 -**