



Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee Committee to Re-elect Judge Gill	· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	Manuscript
Full Name of Contributor				Registration Number, if PAC	
Kim Browne				Registration Nothber, it FAC	
Street Address	Fmplover/C	Occupation/Orgo	anization	٠	Form (Cash, Check, etc.)
713 S. Front Street	Employer, occopation, organization				CHECK
City	State	Zip Code	M/D/Y		Amount
Columbus	ОН	43206	02/16/1	8	\$300.00
Full Name of Contributor				Registration Number, if PAC	
Khasawneh & Associates, LLC				Ĭ	·
Street Address	Employer/Occupation/Organization			1	Form (Cash, Check, etc.)
1170 Old Henderson Rd, Ste 116					CHECK
City	State	Zip Code	M/D/Y		Amount
Columbus	ОН	43220	02/23/1	8	\$150.00
Full Name of Contributor					ration Number, if PAC
Yvette McGee Brown					
Street Address	Employer/Occupation/Organization			-	Form (Cash, Check, etc.)
PO Box 165017, 325 JH					PAYPAL
McConnell Blvd, Ste 600				Į	
City	State	Zip Code	M/D/Y		Amount
Columbus	ОН	43216	02/23/1	8	\$600.00
Full Name of Contributor					ration Number, if PAC
Marty Anderson					
Street Address	Employer/Occupation/Organization			•	Form (Cash, Check, etc.)
400 S. Fifth St, Ste 101					PAYPAL
City	State	Zip Code	M/D/Y		Amount
Columbus	OH	43215	02/26/1	8	\$350.00
Full Name of Contributor				Regist	ration Number, if PAC
Rosemarie A. Welch					
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)
4449 Easton Way, Fl 2					PAYPAL
City	State	Zip Code	M/D/Y		Amount
Columbus	OH	43219	02/26/1		\$150.00
Full Name of Contributor				Regist	tration Number, if PAC
Robert C. Hetterscheidt				ļ.,,	<u> </u>
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)
580 S. High St, Ste 200					PAYPAL
City	State	Zip Code	M/D/Y	.	Amount #100.00
Columbus	OH	43215	02/28/1		\$100.00
Full Name of Contributor				Regist	tration Number, if PAC
Julie Sanford				<u> </u>	
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)
3937 Olentangy River Road	Charles Target Later Market				CHECK
City	State	1 1 1			Amount \$100.00
Columbus	OH 43214 03/01/18				
Full Name of Contributor				kegisi	tration Number, if PAC
Merisa Bowers	Employer/Occupation/Organization			L	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Organization				PAYPAL
400 S. 5th Street, Ste. #101	State Zip Code M/D/Y				Amount
Columbus	OH	43215	03/01/18		\$50.00
Columbus	Un	40210	100/01/	i O	<u> </u>

*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)]

* Connotes court appointed expert or attorney/GAL list

** Relative of court employee

Paae Total: 1800