

Event Date: 03/22/2018 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	
Jamie Bryan					
Street Address		Employer/Occupation/Organization		MM/DD/YYYY	Amount
3608 Christopher Place				03/22/18	\$100.00
City	State	-	Zip Code	Form: Cash, Check, etc	man jir ka tu m
Grove City	OH		43123	PAYPAL	
Full Name of Contributor				Registration Number, i	f PAC
Cara Dawson					
Street Address		Employer/Occupation/Organization		MM/DD/YYYY	Amount
139 E. Main Street		<u> </u>	<u></u>	03/22/18	\$50.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	ОН		43215	SQUARE	
Full Name of Contributor				Registration Number, i	f PAC
Christopher Tamms		<u></u>			
Street Address		Empl	loyer/Occupation/Organization	MM/DD/YYYY	Amount
5 West Main Street		<u> </u>		03/22/18	\$50.00
City	State		Zip Code	Form: Cash, Check, etc	
Westerville	OH		43081	SQUARE	
Full Name of Contributor				Registration Number, i	PAC
Tim D'Angelo		Coop			
Street Address		Emp	loyer/Occupation/Organization	MM/DD/YYYY	Amount
33 E. Columbus Street	γ			03/22/18	\$200.00 .
City	State		Zip Code	Form: Cash, Check, etc SQUARE	
Columbus	ОН		43206		1240
Full Name of Contributor	Registration Number, if PAC				
Kimberly Ciprian			loyer/Occupation/Organization	AAA (DD (VVVV	Amount
	Street Address		юувгу оссоратопу отданиватоп	MM/DD/YYYY	
6169 Bract Road	Ct-1		1 7 O	03/22/18 Form: Cash, Check, etc	\$25.00
City	State		Zip Code	SQUARE	
Westerville	ОН		43081		f DAC
Full Name of Contributor				Registration Number,	IFAC
Carolynn Fittro*		Emp	loyer/Occupation/Organization	MM/DD/YYYY	Amount
Street Address		employer/Occupation/Organization		03/22/18	\$50.00
1335 Dublin Road, Suite 10		<u> </u>	Zip Code	Form: Cash, Check, etc	\$30.00
Columbus	State OH		43215	SQUARE	
Columbus	On		43213	Registration Number,	if PAC
Full Name of Contributor				Registration normality	HIAC
Zachary Gwin		Emp	loyer/Occupation/Organization	MM/DD/YYYY	Amount
Street Address 79 Dakota Avenue		Employer/occopation/organization		03/22/18	\$30.00
<u></u>	State		Zip Code	Form: Cash, Check, etc	400.00
Columbus	OH		43222	SQUARE	
			70444	Registration Number,	if PAC
Full Name of Contributor				registration northograft (AC	

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	,
Total Collinsonoris It is Every		Page Total: \$ 500
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