



**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 Larry Levinson			Registration Number, if PAC	
Street Address 511 S. High Street		Employer/Occupation/Organization		MM/DD/YYYY 06/14/18
City Columbus		State OH	Zip Code 43215	Amount \$100.00
Form: Cash, Check, etc CASH				
Full Name of Contributor Friedman & Mirman Co, LPA			Registration Number, if PAC	
Street Address 1320 Dublin Road		Employer/Occupation/Organization		MM/DD/YYYY 06/14/18
City Columbus		State OH	Zip Code 43215	Amount \$600.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor New Albany State PAC			Registration Number, if PAC	
Street Address 88 E. Broad Street		Employer/Occupation/Organization		MM/DD/YYYY 06/14/18
City Columbus		State OH	Zip Code 43215	Amount \$200.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Linda Lawrence			Registration Number, if PAC	
Street Address 24 W. William Street		Employer/Occupation/Organization		MM/DD/YYYY 06/14/18
City Columbus		State OH	Zip Code 43015	Amount \$200.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Robert Burman			Registration Number, if PAC	
Street Address 601 S. High Street		Employer/Occupation/Organization		MM/DD/YYYY 06/14/18
City Columbus		State OH	Zip Code 43215	Amount \$200.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Scott Haynes			Registration Number, if PAC	
Street Address 6135 Blaverly Drive		Employer/Occupation/Organization		MM/DD/YYYY 06/14/18
City New Albany		State OH	Zip Code 43054	Amount \$200.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Center for Family Resolution LLC			Registration Number, if PAC	
Street Address 951 High Street		Employer/Occupation/Organization		MM/DD/YYYY 06/14/18
City Worthington		State OH	Zip Code 43085	Amount \$100.00
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 \$3775-	Total Expenses This Event \$0.00	Page Total: \$ 1600-
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