

Event Date: 06/14/2018 Page: _____

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E R.C. 3517.10(B)

5.41 No					
Full Name of Committee Committee to Re-elect Ju	ıdan Gill				
	Juge Gill			D. Chaffee March	* D.4 C
Full Name of Contributor	Registration Number, if PAC				
Larry Levinson	MM/DD/YYYY	Amount			
Street Address		Linpic	byer/Occupation/Organization	1	\$100.00
511 S. High Street	C1 1 -	J	Tip Co do	06/14/18 Form: Cash, Check, etc.	\$100.00
Calumbus	State		Zip Code 43215	CASH	
Columbus Full Name of Contributor			43213	Registration Number,	if PAC
Friedman & Mirman Co,	IDA			Registration Northber,	IIIAC
Street Address	MM/DD/YYYY	Amount			
1320 Dublin Road		,	oyer/Occupation/Organization	06/14/18	\$600.00
City	State	<u> </u>	Zip Code	Form: Cash, Check, etc	\$000.00
Columbus	OH		43215	CHECK	
Full Name of Contributor	1011		10210	Registration Number,	if PAC
New Albany State PAC	Regulation Hollies, it is				
Street Address		Empk	oyer/Occupation/Organization	MM/DD/YYYY	Amount
88 E. Broad Street		1		06/14/18	\$200.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	ОН		43215	CHECK	
Full Name of Contributor	Registration Number, if PAC				
Linda Lawrence					
Street Address		Empk	oyer/Occupation/Organization	MM/DD/YYYY	Amount
24 W. William Street		1		06/14/18	\$200.00
City	State	•	Zip Code	Form: Cash, Check, etc	
Columbus	OH		43015	CHECK	
Full Name of Contributor				Registration Number,	if PAC
Robert Burman					
Street Address	dress		oyer/Occupation/Organization	MM/DD/YYYY	Amount
601 S. High Street				06/14/18	\$200.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	ОН		43215	CHECK	
Full Name of Contributor				Registration Number, if PAC	
Scott Haynes					
Street Address		Employer/Occupation/Organization		MM/DD/YYYY	Amount
6135 Blaverly Drive		<u> </u>		06/14/18	\$200.00
City	State		Zip Code	Form: Cash, Check, etc	
New Albany	OH		43054	CHECK	"f DA C
Full Name of Contributor	.4:			Registration Number,	ITPAC
Center for Family Resolu	JTION LLC		oyer/Occupation/Organization	1111/00 (0000)	I Amazumt
Street Address		Empl	oyer/Occupation/Organization	MM/DD/YYYY	Amount \$100.00
951 High Street	200	1	Tim Codo	06/14/18 Form: Cash, Check, etc.	\$100.00
City	State		Zip Code	CHECK	
Worthington	ОН		43085	CHLOK	

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 aftorney/GAL list
** relative of court employee

Total Contributions This Event	Total Expenses This Event	 14.70
63775-	\$0.00	Page Total: \$ /600 —