



**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 Marianne Sharp			Registration Number, if PAC	
Street Address 495 E. Mound St, 2nd Floor		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43215	Amount \$50.00
Form: Cash, Check, etc CASH				
Full Name of Contributor Eric Hoffman *			Registration Number, if PAC	
Street Address 338 S. High Street		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43206	Amount \$100.00
Form: Cash, Check, etc CASH				
Full Name of Contributor Stephen Tucker			Registration Number, if PAC	
Street Address 10 N. High Street, Ste 401		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43215	Amount \$40.00
Form: Cash, Check, etc CASH				
Full Name of Contributor John Johnson			Registration Number, if PAC	
Street Address 503 S. High Street		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 Mark Murphy Law LLC *			Registration Number, if PAC	
Street Address 6065 Frantz Road; Suite 105		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Dublin		State OH	Zip Code 43017	Amount \$25.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Gregory Finnerty			Registration Number, if PAC	
Street Address 6013 Round Tower Lane		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Dublin		State OH	Zip Code 43017	Amount \$100.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Ditty Financial Forensics LLC *			Registration Number, if PAC	
Street Address 6065 Frantz Road; Suite 101		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Dublin		State OH	Zip Code 43017	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	Total Expenses This Event	Page Total: \$ 575-
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