



**Statement of Contributions Received
at a Social or Fund-Raising Event**
Form 31-E
R.C. 3517.10(B)

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|-------------------------------------------------------------------|--|----------------------------------|-----------------------------|-------------------------------|
| Full Name of Committee Committee to Re-elect Judge Gill | | | | |
| Full Name of Contributor Rick Zarnoch | | | Registration Number, if PAC | |
| Street Address 1193 Blind Brook Drive | | Employer/Occupation/Organization | | MM/DD/YYYY 02/01/18 |
| City Columbus | | State OH | Zip Code 43235 | Amount \$100.00 |
| Form: Cash, Check, etc CHECK | | | | |
| Full Name of Contributor Rodd Lawrence | | | Registration Number, if PAC | |
| Street Address 24 W. William St | | Employer/Occupation/Organization | | MM/DD/YYYY 02/01/18 |
| City Delaware | | State OH | Zip Code 43015 | Amount \$200.00 |
| Form: Cash, Check, etc CHECK | | | | |
| Full Name of Contributor Perry Pipes | | | Registration Number, if PAC | |
| Street Address 5737 Strathmore Lane | | Employer/Occupation/Organization | | MM/DD/YYYY 02/01/18 |
| City Dublin | | State OH | Zip Code 43017 | Amount \$200.00 |
| Form: Cash, Check, etc CHECK | | | | |
| Full Name of Contributor Bryan Steward * | | | Registration Number, if PAC | |
| Street Address 800 Cross Pointe Rd, Ste E | | Employer/Occupation/Organization | | MM/DD/YYYY 02/01/18 |
| City Gahanna | | State OH | Zip Code 43230 | Amount \$200.00 |
| Form: Cash, Check, etc CHECK | | | | |
| Full Name of Contributor Gloria & Phil Absi | | | Registration Number, if PAC | |
| Street Address 3790 Old 3C Highway | | Employer/Occupation/Organization | | MM/DD/YYYY 02/01/18 |
| City Galena | | State OH | Zip Code 43021 | Amount \$150.00 |
| Form: Cash, Check, etc CHECK | | | | |
| Full Name of Contributor Mary Kate Moller | | | Registration Number, if PAC | |
| Street Address 8705 Elmdale Trce | | Employer/Occupation/Organization | | MM/DD/YYYY 02/01/18 |
| City Macedonia | | State OH | Zip Code 44056 | Amount \$25.00 |
| Form: Cash, Check, etc CHECK | | | | |
| Full Name of Contributor Dana Lavelle * | | | Registration Number, if PAC | |
| Street Address 12190 Taylor Rd | | Employer/Occupation/Organization | | MM/DD/YYYY 02/01/18 |
| City Plain City | | State OH | Zip Code 43064 | Amount \$150.00 |
| 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

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|--------------------------------|---------------------------|-----------------------------|
| Total Contributions This Event | Total Expenses This Event | Page Total: \$ 1025- |
|--------------------------------|---------------------------|-----------------------------|