

Event Date: 03/22/2018 Page: 6

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				
Cathy Worley					
Street Address		Empk	oyer/Occupation/Organization	MM/DD/YYYY	Amount
90 E. Mithoff		1		03/22/18	\$50.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	ОН		43206	CHECK	
Full Name of Contributor	Registration Number, if PAC				
Gerrity & Burrier, Ltd *					
Street Address			oyer/Occupation/Organization	MM/DD/YYYY	Amount
400 S. 5th Street, Ste. #302				03/22/18	\$50.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	OH		43215	CHECK	
Full Name of Contributor				Registration Number,	if PAC
Mark Moorehead					
Street Address		Emple	oyer/Occupation/Organization	MM/DD/YYYY	Amount
238 E. Gay Street				03/22/18	\$50.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	OH		43215	CHECK	
Full Name of Contributor				Registration Number, if PAC	
Baker & Wick, LLC					
Street Address		Emple	oyer/Occupation/Organization	MM/DD/YYYY	Amount
400 S. Fifth Street; Ste 200				03/22/18	\$100.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	OH		43215	CHECK	
Full Name of Contributor	Registration Number, if PAC				
Vicki Johnson *					
Street Address		Empl	oyer/Occupation/Organization	MM/DD/YYYY	Amount
145 E Livingston Avenue				03/22/18	\$100.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	OH		43215	CHECK	
Full Name of Contributor				Registration Number, if PAC	
Marty Anderson					
Street Address		Empl	oyer/Occupation/Organization	MM/DD/YYYY	Amount
3409 River Seine Street				03/22/18	\$100.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	OH		43221	CHECK	
Full Name of Contributor	Registration Number,	if PAC			
Lawrence A. Riehl LLC					
Street Address		Employer/Occupation/Organization		MM/DD/YYYY	Amount
500 S. Front St., Suite 200	<u>.</u>			03/22/18	\$100.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	OH		43215	CHECK	A Section 1

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 from 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	Page Total: \$ 550
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