



**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 Cathy Worley			Registration Number, if PAC	
Street Address 523 Cliffside Drive		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43202	Amount \$50.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Blevins & Associates LLC			Registration Number, if PAC	
Street Address 920 Cherryfield Avenue		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43235	Amount \$50.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Nancy Sexton			Registration Number, if PAC	
Street Address 1125 Fairview Avenue		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43212	Amount \$50.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Mark Moorehead			Registration Number, if PAC	
Street Address 238 E. Gay Street		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43215	Amount \$50.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Alyson Farber			Registration Number, if PAC	
Street Address 646 Jaeger Street		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43206	Amount \$100.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Sharon Curtin			Registration Number, if PAC	
Street Address 1370 Cambridge Blvd		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43212	Amount \$100.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Jay Michael			Registration Number, if PAC	
Street Address 729 S. Front Street		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43206	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 \$3950-	Total Expenses This Event \$0.00	Page Total: \$ 500-
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