

Event Date: 06/13/2018 Page: **3** 

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

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

			K.C. 3517.10(b)	
iuli Name of Committee	<b>~</b> '''			
Committee to Re-elect Judg	ge Gill			
Full Name of Contributor		Registration Number	, if PAC	
Cathy Worley				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
523 Cliffside Drive			06/13/18	\$50.00
City	State	Zip Code	Form: Cash, Check, etc	
Columbus	ОН	43202	CHECK	
Full Name of Contributor	Registration Number, if PAC			
Blevins & Associates LLC				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
920 Cherryfield Avenue			06/13/18	\$50.00
City	State	Zip Code	Form: Cash, Check, etc	
Columbus	ОН	43235	CHECK	***************************************
Full Name of Contributor	Registration Number, if PAC			
Nancy Sexton				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
1125 Fairview Avenue			06/13/18	\$50.00
City	State	Zip Code	Form: Cash, Check, etc CHECK	
Columbus	ОН	43212		
Full Name of Contributor	Registration Number, if PAC			
Mark Moorehead				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount \$50.00
238 E. Gay Street	l at t	7. 0. 1.	06/13/18  Form: Cash, Check, etc.	\$50.00
City	State	Zip Code	CHECK	
Columbus	ОН	43215		if DAC
Full Name of Contributor			Registration Number	, II FAC
Alyson Farber		Employer/Occupation/Organization	MM/DD/YYYY	Amount
Street Address		Employor, occopanion, organization	06/13/18	\$100.00
646 Jaeger Street	State	Zip Code	Form: Cash, Check, etc	
City Columbus	OH	43206	CHECK	
Full Name of Contributor	011	140200	Registration Number	if PAC
	Registration Delt, in the			
	Employer/Occupation/Organization	MM/DD/YYYY	Amount	
	State	Zip Code	Form: Cash, Check, etc	
•	1	P		
				, if PAC
		Employer/Occupation/Organization	MM/DD/YYYY	Amount
				\$100.00
City	State	Zip Code	Form: Cash, Check, etc	
		1 ·	CHECK	
Sharon Curtin Street Address 1370 Cambridge Blvd City Columbus Full Name of Contributor Jay Michael Street Address 729 S. Front Street City	State OH	Zip Code 43212  Employer/Occupation/Organization	CHECK  Registration Number  MM/DD/YYYY  06/13/18  Form: Cash, Check, etc.	Amount \$100.00

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 attorney/GAL list

\*\* relative of court employee

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Total Contributions This Event	Total Expenses This Event	/ Tan
Total Commonions mad Every	<b>A</b>	Page Total: \$ \$05
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$\Psi$ 3730		