



Statement of Contributions Received Form 31-A ORC 3517.10

Full Name of Committee		 				
Committee to Re-elect Judge C	žill		 	,		
Full Name of Contributor				Registration Number, if PAC		
Elizabeth Gill				<u> </u>		
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)	
33 E. Columbus Street			11115		PAYPAL	
Calumbura	State	Zip Code	M/D/Y	0	Amount	
Columbus	ОН	43206	01/08/1		\$30.00	
Full Name of Contributor				кед	istration Number, if PAC	
Chris Geer Street Address	Feedles of Consumption (Consumption)				Term (Cosh Chock stol	
	Employer/Occupation/Organization				Form (Cash, Check, etc.) PAYPAL	
2 Miranova, Ste 700	State	Zip Code	M/D/Y		Amount	
Columbus	OH	43215	01/11/1	Ω	\$250.00	
Full Name of Contributor	OH	40210	101/11/1			
LeeAnn Massucci	Reg			reg	egistration Number, if PAC	
Street Address	Employer//	Occupation/Orac	anization	<u> </u>	Form (Cash, Check, etc.)	
250 Civic Center Dr, Ste 600	Employer	Employer/Occupation/Organization			PAYPAL	
City	State	Zip Code	M/D/Y		Amount	
Columbus	OH	43215	01/12/1	Ω	\$600.00	
Full Name of Contributor	On	43213	01/12/1		istration Number, if PAC	
Danielle Skestos				keg	istration number, it FAC	
Street Address	Employer//	Occupation (Orac	nization	L	Form (Cash, Check, etc.)	
2 Miranova PI, Ste 700	Employer/Occupation/Organization				PAYPAL	
City	State	Zip Code	M/D/Y		Amount	
Columbus	OH	43215	01/12/1	R	\$600.00	
Full Name of Contributor	Oii I	1 40210	01/12/1		istration Number, if PAC	
Karen Dick				incg	Siranori Norriber, ir i Ae	
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)	
2001 Cardigan Avenue	Employer, decopation, organization				PAYPAL	
City	State	Zip Code	M/D/Y		Amount	
Columbus	OH	43212	01/16/1	8	\$500.00	
Full Name of Contributor		10212	0171071		istration Number, if PAC	
Sherri Blank Lazear						
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)	
401 N. Front St., Suite 350					PAYPAL	
City	State	Zip Code	M/D/Y		Amount	
Columbus	OH	43215	01/16/1	8	\$100.00	
Full Name of Contributor					istration Number, if PAC	
Nicole Reehil				"	• •	
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)	
154 Stanbery					PAYPAL	
City	State	Zip Code	M/D/Y		Amount	
Columbus	OH	43209	01/16/1	8	\$150.00	
Full Name of Contributor					istration Number, if PAC	
Audrey Glick				1		
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)	
6736 Lakeside Circle East					PAYPAL	
City	State	State Zip Code M/D/Y			Amount	
Worthington	OH	43085	01/16/1	8	\$150.00	

*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)]

* Connotes court appointed expert or attorney/GAL list

** Relative of court employee

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