

## 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	ae Gill				
Full Name of Contributor	ge Oili			Dogistration Number	it DAG
Timothy Gerrity	Registration Number, if PAC				
Street Address		Emp	loyer/Occupation/Organization	MM/DD/YYYY	Amount
1001 Meeklynn Drive				02/01/18	\$200.00
City	State	<u> </u>	Zip Code	Form: Cash, Check, etc	φ200.00
Columbus	ОН		43235	CHECK	
Full Name of Contributor			, 10200	Registration Number,	if PAC
Gerrity & Burrier, LTD *					
Street Address		Emp	loyer/Occupation/Organization	MM/DD/YYYY	Amount
400 S. 5th Street, Ste. #302		l		02/01/18	\$200.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	ОН		43215	CHECK	
Full Name of Contributor				Registration Number, if PAC	
Goldman & Rosenthal					
Street Address		Emp	oyer/Occupation/Organization	MM/DD/YYYY	Amount
2 Easton Oval Suite 180		<u>L_</u>		02/01/18	\$100.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	ОН		43219	CHECK	
Full Name of Contributor				Registration Number,	if PAC
Jessica Goldman King * Street Address		Emp	oyer/Occupation/Organization	MM/DD/YYYY	
300 W. Spring St, Unit 502			oyal, occopation, organization	02/01/18	\$500.00
City	State		Zip Code	Form: Cash, Check, etc	\$300.00
Columbus	ОН		43215	CHECK	
Full Name of Contributor	Ŭ		10210	Registration Number,	if PAC
Hageman Law Offices					
Street Address		Emp	oyer/Occupation/Organization	MM/DD/YYYY	Amount
580 S. High St, Ste 200		[		02/01/18	\$100.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	ОН		43215	CHECK	
Full Name of Contributor				Registration Number, if PAC	
Christopher Heckert *					
Street Address		Empl	oyer/Occupation/Organization	MM/DD/YYYY	Amount
71 Woodland Avenue				02/01/18	\$150.00
City	State		Zip Code	Form: Cash, Check, etc	
Columbus	ОН		43203	CHECK	
Full Name of Contributor				Registration Number,	it PAC
Laura Adkins Helmbrecht *	AAA (DD (VVVV	LAmount			
Street Address 502 S. Third Street		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18	Amount \$150.00
City	State		Zip Code	Form: Cash, Check, etc	φ100.00
Columbus	OH		43215	CHECK	
			1.02.10		

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 afterney/GAL list

\*relative of court appointed.

\*\* relative of court employee

	Total Contributions This Event	Total Expenses This Event	Page Total: \$ / 400
--	--------------------------------	---------------------------	----------------------