



**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 Toure McCord			Registration Number, if PAC	
Street Address 901 S. High Street		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43206	Amount \$100.00
Form: Cash, Check, etc CASH				
Full Name of Contributor John Conley			Registration Number, if PAC	
Street Address 3205 Longspur Drive		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43228	Amount \$40.00
Form: Cash, Check, etc CASH				
Full Name of Contributor Joanne Wolf			Registration Number, if PAC	
Street Address PO Box 12568		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43212	Amount \$100.00
Form: Cash, Check, etc CASH				
Full Name of Contributor Kevin Gholson			Registration Number, if PAC	
Street Address 4694 Cemetary Road		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43026	Amount \$100.00
Form: Cash, Check, etc CASH				
Full Name of Contributor Justin Doyle			Registration Number, if PAC	
Street Address 6336 Cragie Hill Court		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43017	Amount \$30.00
Form: Cash, Check, etc CASH				
Full Name of Contributor David Stebbins			Registration Number, if PAC	
Street Address 544 Piedmont Road		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43214	Amount \$25.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Stewart Roberts			Registration Number, if PAC	
Street Address 5142 Bressler Drive		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Hilliard		State OH	Zip Code 43026	Amount \$25.00
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: \$

420 -