



**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 Otto Beatty, III			Registration Number, if PAC	
Street Address 206 E. Beck Street		Employer/Occupation/Organization		Amount \$25.00
City Columbus	State OH	Zip Code 43206	Form: Cash, Check, etc CHECK	
Full Name of Contributor Chris Heckert			Registration Number, if PAC	
Street Address 71 Woodland Avenue		Employer/Occupation/Organization		Amount \$25.00
City Columbus	State OH	Zip Code 43202	Form: Cash, Check, etc CHECK	
Full Name of Contributor Amanda Sims			Registration Number, if PAC	
Street Address 164 Nursery Lane		Employer/Occupation/Organization		Amount \$25.00
City Columbus	State OH	Zip Code 43206	Form: Cash, Check, etc CHECK	
Full Name of Contributor Joy Hostetler			Registration Number, if PAC	
Street Address 395 S. Broadleigh Road		Employer/Occupation/Organization		Amount \$25.00
City Columbus	State OH	Zip Code 43209	Form: Cash, Check, etc CHECK	
Full Name of Contributor Valeriya Kryvokolinska			Registration Number, if PAC	
Street Address 1613 Yeardley Trail		Employer/Occupation/Organization		Amount \$25.00
City Columbus	State OH	Zip Code 43209	Form: Cash, Check, etc CHECK	
Full Name of Contributor Mary Ansbros			Registration Number, if PAC	
Street Address 6153 Cherry Hill Drive		Employer/Occupation/Organization		Amount \$25.00
City Columbus	State OH	Zip Code 43213	Form: Cash, Check, etc CHECK	
Full Name of Contributor Stewart Roberts			Registration Number, if PAC	
Street Address 5142 Bressler Drive		Employer/Occupation/Organization		Amount \$25.00
City Columbus	State OH	Zip Code 43026	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	Total Expenses This Event	Page Total: \$ 175
--------------------------------	---------------------------	---------------------------