



**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 Lamkin, VanEman, Trimble & Dougherty LLC			Registration Number, if PAC	
Street Address 500 S. Front Street		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43215	Amount \$100.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Thomas Friedman			Registration Number, if PAC	
Street Address 502 South Third Street		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43215	Amount \$150.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Katherine Lias			Registration Number, if PAC	
Street Address 2811 Lane Road		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43220	Amount \$200.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Angela Albert Brown			Registration Number, if PAC	
Street Address 536 S. High Street		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43215	Amount \$200.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Moreland Law Office *			Registration Number, if PAC	
Street Address 165 E Livingston Avenue		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43215	Amount \$250.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Desanto & McNichols			Registration Number, if PAC	
Street Address 887 S. High Street		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43206	Amount \$250.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Legal Alternatives			Registration Number, if PAC	
Street Address 137 E. State Street		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43215	Amount \$350.00
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
40.00

Page Total: \$ **1500-**