

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date: November 29,
2011
Page: 6

Prescribed by Secretary of State 3/05

Name of Committee in Full: COMMITTEE TO RE-ELECT JUDGE GILL					
Full Name of Contributor George Leach				Registration Number, if PAC	
Street Address 100 E Main St		Employer/Occupation/Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M/D/Y 11/29/11	\$150.00	
Full Name of Contributor Hon. Tom Loudon				Registration Number, if PAC	
Street Address 1520 W. Williams St, Box 701		Employer/Occupation/Organization		Form (Cash, Check, etc.) Check	
City Delaware	State OH	Zip Code 43015	M/D/Y 11/29/11	\$150.00	
Full Name of Contributor Jon Marshall				Registration Number, if PAC	
Street Address 72 E Oakland Ave		Employer/Occupation/Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43201	M/D/Y 11/29/11	\$150.00	
Full Name of Contributor LeeAnn Massucci				Registration Number, if PAC	
Street Address 2509 Canterbury Road		Employer/Occupation/Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M/D/Y 11/29/11	\$150.00	
Full Name of Contributor Amy McKinlay				Registration Number, if PAC	
Street Address 6579 Clay Court East		Employer/Occupation/Organization		Form (Cash, Check, etc.) Check	
City Canal Winchester	State OH	Zip Code 43110	M/D/Y 11/29/11	\$150.00	
Full Name of Contributor James Mowery				Registration Number, if PAC	
Street Address 425 Metro Place North, 420		Employer/Occupation/Organization Mowery Youell & Galeano Ltd.		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M/D/Y 11/29/11	\$150.00	
Full Name of Contributor Laura Peterman				Registration Number, if PAC	
Street Address 336 S. High St.		Employer/Occupation/Organization Stephen W Daulton & Associates		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M/D/Y 11/29/11	\$150.00	
Full Name of Contributor Chrissie Powers				Registration Number, if PAC	
Street Address 309 S. Fourth Street, Suite 319		Employer/Occupation/Organization PD Eye Forensics, LLC		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M/D/Y 11/29/11	\$50.00	

* 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 appear. [R.C. 3517.10(B)(4)]