



**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 Jon Saia			Registration Number, if PAC	
Street Address 713 S. Front Street		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43206	Amount \$250.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Jennifer Goldson			Registration Number, if PAC	
Street Address 91 South Merkle Road		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43209	Amount \$250.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Jeffrey Stavroff			Registration Number, if PAC	
Street Address 492 S. High Street, 2nd Floor		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43215	Amount \$250.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Plymale & Dingus, LLC			Registration Number, if PAC	
Street Address 250 Civic Center Dr, Ste 600		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43215	Amount \$250.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Eugene Battisti, Jr.			Registration Number, if PAC	
Street Address 765 S. High Street		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43206	Amount \$250.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Friedman Mirman Co.,LPA			Registration Number, if PAC	
Street Address 1320 Dublin Road		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43215	Amount \$1,000.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Kristin Bryant			Registration Number, if PAC	
Street Address 538 E. Rich St		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43215	Amount \$48.25 50-
Form: Cash, Check, etc PAYPAL				

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: \$ <u>2300 -</u>
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