



**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 Kyle Keener			Registration Number, if PAC	
Street Address 6540 Masefield Street		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Worthington		State OH	Zip Code 43085	Amount \$25.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Valeriya Kryvokolinska			Registration Number, if PAC	
Street Address 1613 Yearldy Trail		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43209	Amount \$25.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Rockne Amicon			Registration Number, if PAC	
Street Address 34 Whittier Street		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Columbus		State OH	Zip Code 43026	Amount \$25.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Debra Hinkley			Registration Number, if PAC	
Street Address 8850 Ventura Way		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Dublin		State OH	Zip Code 43016	Amount \$25.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Lawrence Riehl			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 \$25.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Eric Hutchinson			Registration Number, if PAC	
Street Address 1943 Rosebery Drive		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Upper Arlington		State OH	Zip Code 43220	Amount \$50.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Richard O'Brien			Registration Number, if PAC	
Street Address 130 E. Cuyuga Drive		Employer/Occupation/Organization		MM/DD/YYYY 06/13/18
City Powell		State OH	Zip Code 43065	Amount \$50.00
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: \$ **225**