



Statement of Contributions Received

Form 31-A ORC 3517.10

iuli Name of Committee	•:11			· ——	
Committee to Re-elect Judge G	·!!!				
Full Name of Contributor				Registration Number, if PAC	
Michael Stickney					
Street Address 2489 Tremont Road	Employer/0	Employer/Occupation/Organization			Form (Cash, Check, etc.) PAYPAL
Columbus	State OH	Zip Code M/D/Y 43221 5/7/2018		8	Amount \$250.00
Full Name of Contributor David Williams				Regis	tration Number, if PAC
Street Address 3750 Hillview Drive	Employer/0	Employer/Occupation/Organization			Form (Cash, Check, etc.) PAYPAL
City Columbus	State OH	Zip Code 43220	M/D/Y 5/7/201	8	Amount \$50.00
Full Name of Contributor Tahlman Krumm					tration Number, if PAC
Street Address 7266 Landon Lane	Employer/0	Employer/Occupation/Organization			Form (Cash, Check, etc.) CHECK
City New Albany	State OH	Zip Code 43054	M/D/Y 05/08/1	8	Amount \$200.00
Full Name of Contributor Ryan Kuhn		and the second			tration Number, if PAC
Street Address 1733 West 3rd Avenue	Employer/0	Employer/Occupation/Organization			Form (Cash, Check, etc.) PAYPAL
City Columbus	State OH	Zip Code 43221	M/D/Y 5/21/20	18	Amount \$200.00
Full Name of Contributor			7 0/2 1/20		tration Number, if PAC
John Finn					·
Street Address 3917 Olentangy River Road	Employer/0	Employer/Occupation/Organization			Form (Cash, Check, etc.) PAYPAL
City Columbus	State OH	Zip Code 43214	M/D/Y 5/21/20	18	Amount \$250.00
Full Name of Contributor		40214	10/21/20		tration Number, if PAC
Stanley Dritz					
Street Address 400 S. Fifth Street, 300	Employer/0	Employer/Occupation/Organization			Form (Cash, Check, etc.) PAYPAL
City Columbus	State OH	Zip Code 43215	M/D/Y 5/21/20	18	Amount \$100.00
Full Name of Contributor Law Offices of Alyson B. Miller LLC				Regis	tration Number, if PAC
Street Address 629 N. High Street	Employer/Occupation/Organization				Form (Cash, Check, etc.) CHECK
city Columbus	State OH	1 1 1			Amount \$1,000.00
Full Name of Contributor Reg				Regis	tration Number, if PAC
Street Address 2747 Edington Rd	Employer/0	Employer/Occupation/Organization			Form (Cash, Check, etc.) CHECK
City Columbus	State OH	Zip Code 43221	M/D/Y 05/23/1	8	Amount \$600.00

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

* Connotes court appointed expert or attorney/GAL list

** Relative of court employee

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