Page	1	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							1	
COMMITTEE TO REELECT JUDGE GIL	i.							
Full Name of Contributor				Registration Number, if PAC				
JEFFREY SNYDER								
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Che	ck, etc.)	
588 OZEM GARDNER WAY						Check		
City	State	Zip Code	М	D	Y	Amount		
WESTERVILLE	ОН	43081	0 3	0 1	1 2		100.00	
Full Name of Contributor			_	-	mber, if F	AC		
ANDREA YAGODA			·					
Street Address	Employer/Oc	cupation/Labor Organization*	-			Form (Cash, Che	ck, etc.)	
2000 HENDERSON ROAD SUITE 250						CHECK		
City	State	Zip Code	М	D	Y	Amount		
COLUMBUS	O H	43220			1 2		150.00	
Full Name of Contributor Registration Number, if PAC								
JAMES PARDI								
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
500 SOUTH FRONT STREET SUITE 1150)				_	CHECK		
City	State	Zip Code	М	D	Y	Amount	:	
COLUMBUS	ОН	43215			1 2		150.00	
Full Name of Contributor			Regist	ation Nu	mber, if f	PAC		
SUZANNE SABOL								
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Che	ck, etc.)	
820 S HIGH STREET	<u> </u>	·						
City	State	Zip Code	M.	D	l Y	Amount		
COLUMBUS	O H	43206			1 2		150.00	
Full Name of Contributor			Regist	ration Nu	ımber, if l	PAC		
				Form (Cook Charle and				
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
· · · · · · · · · · · · · · · · · · ·		1= 8 4	-1	1 5	1 2			
City	State	Zip Code	M _.	D :	l Y	Amount		
			Decise	nation No	mbar if	DAC		
Full Name of Contributor Registration Number, if PAC								
					Form (Cash, Che	ock etc)		
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*				i om (casi, cieck, etc.)		
	State	Tio Code	М	Тр	T 🗸	Amount		
City	State	Zip Code	",	;	'	Amount		
			Peniet	ration No	umber if	PAC		
Full Name of Contributor			Registration Number, if PAC					
Co. at Addition	Emolovor/Or	cupation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)				
Street Address	Employer/Occupation/Labor Organization*						, ,	
City.	State	Zip Code	Гм	D	ΙΥ	Amount		
City	1	cap cook	1 "					
Full Name of Contributor Registration Number, if					PAC			
For Maine of Continuitor								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
pricet unitess								
City	State	Zip Code	М	D	TY	Amount		
City	;							
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* 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)]

Page Total \$ 550.00