



**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 Pamela Makowski *			Registration Number, if PAC	
Street Address 898 Beech Street		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43206	Amount \$25.00
Form: Cash, Check, etc SQUARE				
Full Name of Contributor Lisa Harris			Registration Number, if PAC	
Street Address 374 Cheyenne Way		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Reynoldsburg		State OH	Zip Code 43068	Amount \$50.00
Form: Cash, Check, etc SQUARE				
Full Name of Contributor Janice Flowers *			Registration Number, if PAC	
Street Address 4449 Easton Way, Fl 2		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43219	Amount \$100.00
Form: Cash, Check, etc SQUARE				
Full Name of Contributor Elizabeth Zuercher			Registration Number, if PAC	
Street Address 490 City Park Ave, Ste D		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43215	Amount \$25.00
Form: Cash, Check, etc SQUARE				
Full Name of Contributor Arianna Atkins			Registration Number, if PAC	
Street Address 187 Jackson Street		Employer/Occupation/Organization		MM/DD/YYYY 03/22/18
City Columbus		State OH	Zip Code 43206	Amount \$100.00
Form: Cash, Check, etc SQUARE				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Organization		MM/DD/YYYY
City		State	Zip Code	Amount \$7640.00
Form: Cash, Check, etc				
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Organization		MM/DD/YYYY
City		State	Zip Code	Amount
Form: Cash, Check, etc				

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
\$7640

Total Expenses This Event
\$0

Page Total: \$ **300**