



## Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee							
Committee to Re-elect Judge Gill							
Full Name of Contributor Re					ration Number, if PAC		
Ice Miller PAC							
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)		
250 West Street; Suite 700	CHECK						
City	State Zip Code M/D/Y				Amount		
Columbus	OH	43215	07/19/1	8	\$200.00		
Full Name of Contributor					ration Number, if PAC		
Thomas Gross, Jr.							
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)		
1241 Gibbard Avenue		CHECK					
City	State	Zip Code	M/D/Y		Amount		
Columbus	OH	43219	07/19/1	8	\$600.00		
Full Name of Contributor				Regist	tration Number, if PAC		
Eric Kahn							
Street Address	Employe	r/Occupation/Orga	nization		Form (Cash, Check, etc.)		
6141 Ashtead Drive					PAYPAL		
City	State	Zip Code	M/D/Y		Amount		
New Albany	ОН	43054	08/19/1	8	\$600.00		
Full Name of Contributor					tration Number, if PAC		
Isacc Wiles Burkholder & Teetor, I	older & Teetor, LLC CP-1				058		
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)		
2 Miranova Place, Suite 700					CHECK		
City	State	Zip Code	M/D/Y		Amount		
Columbus	OH	43215	09/05/1	8	\$1,000.00		
Full Name of Contributor	Regi						
Grossman Law Offices							
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)		
32 W. Hoster Street, Suite 100					PAYPAL		
City	State	Zip Code	M/D/Y		Amount		
Columbus	OH	43215	09/24/1	8	\$1,000.00		
Full Name of Contributor				Regist	tration Number, if PAC		
Gary Wellbaum							
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)		
PO Box 163486				CHECK			
City	State	Zip Code	M/D/Y	_	Amount		
Columbus	ОН	43216	10/05/1		\$200.00		
Full Name of Contributor				Regist	tration Number, if PAC		
Columbus Builiding & Construction							
					Form (Cash, Check, etc.)		
939 Goodale Blvd. Ste 231					CHECK		
City	State	Zip Code	M/D/Y	_	Amount		
Columbus	ОН	43212	10/09/1		\$100.00		
					tration Number, if PAC		
Lisa Meier							
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)		
2039 Coleman Drive	PAYPAL						
City	State	Zip Code	M/D/Y	_	Amount 4.50.00		
Columbus	ОН	43235	10/10/1	ğ	\$50.00		

	If a self-use is a life and a superior and the name of the individual's business if any rather
*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
19 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	table a service of \$100 she labor appropriation of which the amplexions are members if any must also
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
and employed address to the second of the se	

than employer should be listed. If two or more employees contribute via payroll deduction and exc appear. [R.C. 3517.10(B)(4)]

\* Connotes court appointed expert or attorney/GAL list

\*\* Relative of court employee

Paae Total: