



**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 Mark Moorehead			Registration Number, if PAC	
Street Address 238 E. Gay Street		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43215	Amount \$150.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Nigh Law Group *			Registration Number, if PAC	
Street Address 115 W. Main St, Ste 300A		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43215	Amount \$500.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Delilah Nunez *			Registration Number, if PAC	
Street Address 1170 Old Henderson Rd, Ste 116		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43220	Amount \$150.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor James J. Pardi II *			Registration Number, if PAC	
Street Address 500 S. Front St., Suite 1150		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43215	Amount \$150.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Reash Law Offices			Registration Number, if PAC	
Street Address 1170 Old Henderson Rd		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43220	Amount \$300.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Robert Roach			Registration Number, if PAC	
Street Address 2390 Kensington Drive		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43221	Amount \$200.00
Form: Cash, Check, etc CHECK				
Full Name of Contributor Claire Rymond			Registration Number, if PAC	
Street Address 1895 Guilford Road		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
City Columbus		State OH	Zip Code 43221	Amount \$150.00
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	Total Expenses This Event	Page Total: \$ <u>1600</u>
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