



Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee						
Committee to Re-elect Judge Gill						
Full Name of Contributor					Registration Number, if PAC	
Jon Cope						
Street Address	Employer/Occupation/Organization					Form (Cash, Check, etc.)
3600 Olentangy River Road						PAYPAL
City	State	4	Code	M/D/Y		Amount
Columbus	ОН	43	3214	6/6/201		\$200.00
					Regist	ration Number, if PAC
Roger Essig					L.,	
Street Address	Employer/Occupation/Organization					Form (Cash, Check, etc.)
1415 Old Leonard Avenue	State Zip Code M/D/Y					CHECK Amount
City Columbus	OH	1 -	3219	06/07/1	ρ	\$50.00
Full Name of Contributor	OH	40	7217	00/07/1		tration Number, if PAC
James Lowery) "				Kegai	ranon nomber, in the
Street Address	Employer/Occupation/Organization				·	Form (Cash, Check, etc.)
5692 Marmion Drive	Employer, occopanion, organization					CHECK
City	State	Zip	Code	M/D/Y		Amount
Dublin	ОН		3147	06/07/1	8	\$25.00
Full Name of Contributor	<u></u>				Regist	tration Number, if PAC
Scott Elliot Smith						
Street Address	Employer/Occupation/Organization					Form (Cash, Check, etc.)
5003 Horizons Drive Ste 100						CHECK
City	State	1	Code	M/D/Y		Amount
Columbus	OH	43	3220	06/07/1		\$50.00
					Regist	tration Number, if PAC
Ralph Fallon					L	5 (0 (0) ()
Street Address	Employer/Occupation/Organization					Form (Cash, Check, etc.) PAYPAL
5755 Zarley Ste B	State Zip Code M/D/Y					Amount
City Now Albany	OH		3054	06/08/1	R	\$150.00
New Albany Full Name of Contributor	011	70	3034	00/00/1		tration Number, if PAC
Toll Ruffle of Commission					l Kogis	manori (tottibor, ii t / to
Street Address	Employer/Occupation/Organization				L	Form (Cash, Check, etc.)
01100171001000						,
City	State	Zip	Code	M/D/Y		Amount
,						\$4,850.00
Full Name of Contributor					Regis	tration Number, if PAC
Street Address Employer/Occupation/Organization						Form (Cash, Check, etc.)
City	State	Zip	Code	M/D/Y		Amount
					- ·	1 1 1 1 1 1 1 1 1
Full Name of Contributor					Regis	tration Number, if PAC
Street Address	Employer/Occupation/Organization				·	Form (Cash, Check, etc.)
City	State	Zip	o Code	M/D/Y		Amount
1		-				

*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 Page Total: \$475-

** Relative of court employee