



**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 Rocky Geichman			Registration Number, if PAC	
Street Address 455 Fairway Blvd.		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
				Amount \$200.00
City Columbus	State OH	Zip Code 43213	Form: Cash, Check, etc SQUARE	
Full Name of Contributor Gerald Leeseberg			Registration Number, if PAC	
Street Address 300 W. Spring Street		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
				Amount \$400.00
City Columbus	State OH	Zip Code 43215	Form: Cash, Check, etc SQUARE	
Full Name of Contributor Jud Millhon			Registration Number, if PAC	
Street Address 2343 Coventry Road		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
				Amount \$300.00
City Columbus	State OH	Zip Code 43221	Form: Cash, Check, etc SQUARE	
Full Name of Contributor Joel Pizzuti			Registration Number, if PAC	
Street Address 252 E. Beck St		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
				Amount \$500.00
City Columbus	State OH	Zip Code 43206	Form: Cash, Check, etc SQUARE	
Full Name of Contributor Kent Retterer			Registration Number, if PAC	
Street Address 783 Mohawk		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
				Amount \$150.00
City Columbus	State OH	Zip Code 43206	Form: Cash, Check, etc SQUARE	
Full Name of Contributor David Smith			Registration Number, if PAC	
Street Address 150 E. Beck Street		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
				Amount \$200.00
City Columbus	State OH	Zip Code 43206	Form: Cash, Check, etc SQUARE	
Full Name of Contributor Jessica Sohner			Registration Number, if PAC	
Street Address 201 Letchworth Avenue		Employer/Occupation/Organization		MM/DD/YYYY 02/01/18
				Amount \$200.00
City Columbus	State OH	Zip Code 43204	Form: Cash, Check, etc SQUARE	

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: \$ 1950
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