31-A R.C. 3517.10 (B)

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Date: January 20, 2012

Page:

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Name of Committee in Full: COMMITTEE TO RE-ELECT JUDGE GILL							
Full Name of Contributor					Registration Number, if PAC		
Bruce Comly French							
Street Address	Employer/Occupation/Organization					Form (Cash, Check, etc.)	
7174 Fort Amanda Road						Check	
City	State		Zip Code	M/D/Y			
Lima	OH		45802	12/27/11		\$50.00	
Full Name of Contributor					Registratio	n Number, if PAC	
Kick-off Fundraiser: Lindey's							
Street Address	Employer/Occupation/Organization					Form (Cash, Check, etc.)	
169 E. Beck Street	Chate Zin Codo M/D0/					31-B	
City Columbus	State OH		Zip Code 43206	M/D/Y 11/29/11		+40 200 00	
	Un	!	43200	11/23/11	r	\$19,200.00	
Full Name of Contributor					Registratio	n Number, if PAC	
Street Address Employer/Occupation/Organization					L	Form (Cash, Check, etc.)	
ou cot madicos	Z.mpioy city o coupadority or guina action					(3.3.1, 3.3.3, 3.3.7)	
City	State	j	Zip Code	M/D/Y		\$	
			·			<u> </u>	
Full Name of Contributor					Registratio	n Number, if PAC	
Street Address Employer/Occupation/Organization					<u>L</u>	Form (Cash, Check, etc.)	
City	State		Zip Code	M/D/Y			
Full Name of Contributor					Registratio	n Number, if PAC	
						·	
Street Address	Employer/Occupation/Organization					Form (Cash, Check, etc.)	
City	State		Zip Code	M/D/Y			
Full Name of Contributor					Registration Number, if PAC		
reet Address Employer/Occupation/Organization						Form (Cash, Check, etc.)	
Su cet Address	ample) any o douped on, or 5 - 11 - 12 - 12						
City	State	ļ	Zip Code	M/D/Y			
Cull Name of Combinator					Pagistratio	n Number, if PAC	
Full Name of Contributor					Registratio	ii Number, ii FAC	
Street Address	Employer/Occupation/Organization					Form (Cash, Check, etc.)	
City	State		Zip Code	M/D/Y			
Full Name of Contributor					Registratio	n Number, if PAC	
Street Address	Employer/Occupation/Organization				1	Form (Cash, Check, etc.)	
Suiter Address	Employer/Occupation/organization					TOTHI (Cash, Check, etc.)	
City	State		Zip Code	M/D/Y			
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^{*} 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 payroil deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]