

Event Date: 06/14/2018 Page: **3** 

## 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 Judg	ge Gill			
Full Name of Contributor Rebekah Smith			Registration Number, if PAC	
319 Stewart Avenue			06/14/18	\$250.00
City	State	Zip Code	Form: Cash, Check, et	
Columbus	ОН	43026	SQUARE	
Full Name of Contributor			Registration Numbe	r, if PAC
Courtney White				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
7160 Ashcroft Drive			06/14/18	\$250.00
City	State	Zip Code	Form: Cash, Check, et	c Transfer
Columbus	ОН	43004	SQUARE	
Full Name of Contributor			Registration Number, if PAC	
Michael Deligatti				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
500 S. Front Street, Ste 1150			06/14/18	\$250.00
City	State	Zip Code	Form: Cash, Check, et	C
Columbus	ОН	43215	SQUARE	
Full Name of Contributor			Registration Number, if PAC	
Michael Baugh				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
4115 Cr			06/14/18	\$200.00
City	State	Zip Code	Form: Cash, Check, et	rc
Columbus	ОН	43054	SQUARE	
Full Name of Contributor			Registration Number	er, if PAC
Robert Snedaker				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
5390 Ambrosia Avenue			06/14/18	\$25.00
City	State	Zip Code	Form: Cash, Check, et	c
Columbus		43235	PAYPAL	
Full Name of Contributor			Registration Number	er, if PAC
Lee Smith				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
929 Harrison Avenue, Suite			06/14/18	\$250.00
City	State	Zip Code	Form: Cash, Check, et	tc
Columbus	ОН	43215	PAYPAL	"
Full Name of Contributor	Registration Number, if PAC			
Christopher Heckert				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
165 E Livingston Ave	T at :		06/14/18 Form: Cash, Check, e	\$200.00
City	State	Zip Code	PAYPAL	IC .
Columbus	L	43215	ITATIAL	

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 afterney/GAL list

\*\* relative of court employee

Total Contributions This Event \$3775 -	Total Expenses This Event	Page Total: \$ 1425~