

Event Date: <u>03/22/2018</u> Page: _

Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E R.C. 3517.10(B)

			N.C. 3517.10(b)	
Full Name of Committee	~			
Committee to Re-elect Judg	ge Gill			
Full Name of Contributor		Registration Number, if PAC		
Eugene Butler Co., LPA				_
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
137 E. State Street			03/22/18	\$100.00
City	State	Zip Code	Form: Cash, Check, etc	
Columbus	OH	43215	CHECK	
Full Name of Contributor	Registration Number, if PAC			
James Leickly				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount #100.00
137 E. State Street			03/22/18	\$100.00
City	State	Zip Code	Form: Cash, Check, etc CHECK	
Columbus	ОН	43215		If DAC
Full Name of Contributor	Registration Number, if PAC			
Joseph Piccin *		Employer/Occupation/Organization	LAAL/DD (VXVV	Amount
Street Address		Employer/Occupation/Organization	MM/DD/YYYY 03/22/18	Amount \$100.00
3010 Hayden Road	- C4 4 -	7:- 0 - 40	Form: Cash, Check, etc	\$100.00
City	State OH	Zip Code 43235	CHECK	
Columbus	TOH	43233	Registration Number,	if PAC
Full Name of Contributor			Registration Number,	IIFAC
John Connor Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
436 W. 5 th Ave		Employof, cooperior, organization	03/22/18	\$200.00
City	State	Zip Code	Form: Cash, Check, etc	Ψ200.00
Columbus	OH	43201	CHECK	
Full Name of Contributor			Registration Number, if PAC	
Suzanne Sabol			, Kogish dilaminasi,	
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
15 E. Kossuth Street		1	03/22/18	\$150.00
City	State	Zip Code	Form: Cash, Check, etc	
Columbus	ОН	43206	CHECK	and the second
Full Name of Contributor		Registration Number, if PAC		
Abe Bahgat *				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
338 S. High Street			03/22/18	\$150.00
City	State	Zip Code	Form: Cash, Check, etc	
Columbus	ОН	43215	CHECK	
Full Name of Contributor	Registration Number, if PAC			
Melissa Moriarty Gast, LLC	*			
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
48 W. Whittier Street			03/22/18	\$150.00
City	State	Zip Code	Form: Cash, Check, etc	
Columbus	OH	43206	I 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 aftorney/GAL list
** relative of court employee

Total Contributions This Event	Total Expenses This Event	97
		Page Total: \$ 750