



**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			Registration Number, if PAC	
Robert Snow				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
1379 Wyandotte Road			03/22/18	\$100.00
City	State	Zip Code	Form: Cash, Check, etc	
Grandview Heights	OH	43212	CHECK	
Full Name of Contributor			Registration Number, if PAC	
Joseph Palazzo				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
5864 Ravine Creek Drive			03/22/18	\$25.00
City	State	Zip Code	Form: Cash, Check, etc	
Grove City	OH	43123	CHECK	
Full Name of Contributor			Registration Number, if PAC	
Stephanie Young				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
2604 Queensway Drive			03/22/18	\$25.00
City	State	Zip Code	Form: Cash, Check, etc	
Grove City	OH	43123	CHECK	
Full Name of Contributor			Registration Number, if PAC	
John Sauter				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
23670 Beavers Road			03/22/18	\$1,000.00
City	State	Zip Code	Form: Cash, Check, etc	
Rockbridge	OH	43149	CHECK	
Full Name of Contributor			Registration Number, if PAC	
Thomas Gjostein *				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
6720 Hayhurst Street			03/22/18	\$100.00
City	State	Zip Code	Form: Cash, Check, etc	
Worthington	OH	43085	CHECK	
Full Name of Contributor			Registration Number, if PAC	
Dwight Garner				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
985 Beech Street			03/22/18	\$25.00
City	State	Zip Code	Form: Cash, Check, etc	
Columbus	OH	43206	CHECK	
Full Name of Contributor			Registration Number, if PAC	
Janie Roberts				
Street Address		Employer/Occupation/Organization	MM/DD/YYYY	Amount
155 West Main Street, Suite 100			03/22/18	\$25.00
City	State	Zip Code	Form: Cash, Check, etc	
Columbus	OH	43215	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 attorney/GAL list
 ** relative of court employee

Total Contributions This Event

Total Expenses This Event

Page Total: \$ **1300**