

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>GILL FOR JUDGE</b>									
Full Name <b>Elizabeth Gill</b>					Registration Number, if PAC				
Address <b>90 E. Mithoff</b>		Type* <b>L   N</b>				M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>1,045.38</b>
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>Credit</b>			
Full Name <b>Elizabeth Gill</b>					Registration Number, if PAC				
Address <b>90 E. Mithoff</b>		Type* <b>L   N</b>				M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>266.06</b>
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>Credit</b>			
Full Name <b>Elizabeth Gill</b>					Registration Number, if PAC				
Address <b>90 E. Mithoff</b>		Type* <b>L   N</b>				M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>26.47</b>
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>Credit</b>			
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code					
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code					
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code					
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code					
Full Name					Registration Number, if PAC				
Address		Type*				M	D	Y	Amount
City		State		Zip Code					

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

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