

Statement of Other Income

Prescribed by Secretary of State 3/05

Page:

Name of Committee in Full:
COMMITTEE TO RE-ELECT JUDGE GILL

Full Name Elizabeth Gill			Registration Number, if PAC	
Street Address 33 E. Columbus Street	Type LN		M/D/Y 02/18/2012	Amount \$45.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Credit	
Full Name			Registration Number, if PAC	
Street Address \	Type LN		M/D/Y	Amount
City	State OH	Zip Code 43206	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Street Address	Type LN		M/D/Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Street Address	Type LN		M/D/Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Street Address	Type LN		M/D/Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Street Address	Type LN		M/D/Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Street Address	Type LN		M/D/Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name			Registration Number, if PAC	
Street Address	Type LN		M/D/Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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 appear. [R.C. 3517.10(B)(4)]