

Statement of Contributions Received at a Social Event or Fundraiser

Event Date 2/23/2006

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Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge Elizabeth Gill: Democratic Candidate for Franklin County Domestic Division & Juvenile Court				
Full Name of Contributor William Woods			Registration Number, if PAC	
Street Address 1022 Blind Brook Dr.	Employer/Occupation/Organization Attorney at Law		M D Y 2/28/06	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form Check	
Full Name of Contributor Robert Rupp			Registration Number, if PAC	
Street Address 995 Cross Country Drive	Employer/Occupation/Organization Attorney at Law		M D Y 2/28/06	Amount \$300.00
City Columbus	State OH	Zip Code 43235	Form Check	
Full Name of Contributor Peter H. Riddell			Registration Number, if PAC	
Street Address 194 W. Johnstown Rd.	Employer/Occupation/Organization Attorney at Law		M D Y 2/28/06	Amount \$50.00
City Columbus	State OH	Zip Code 43230	Form Check	
Full Name of Contributor Hon. Ted Barrows			Registration Number, if PAC	
Street Address 375 S. High Street	Employer/Occupation/Organization Judge Franklin County Muni. Ct.		M D Y 2/28/06	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Gary A. Wadman			Registration Number, if PAC	
Street Address 65 E. State St	Employer/Occupation/Organization Attorney at Law		M D Y 2/28/06	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Thomas F. Tootle			Registration Number, if PAC	
Street Address 180 W. Franklin Street	Employer/Occupation/Organization Young Tootle & Dumm		M D Y 2/28/06	Amount \$150.00
City Circleville	State OH	Zip Code 43113	Form Check	
Full Name of Contributor Eugene Butler			Registration Number, if PAC	
Street Address 326 S. High Street,	Employer/Occupation/Organization Attorney at Law		M D Y 2/28/06	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Ruth Gless			Registration Number, if PAC	
Street Address 45 E. Lincoln Street	Employer/Occupation/Organization Architech		M D Y 2/28/06	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form Check	