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

## Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

	Prescribed by Secretary of State			
Gill for Judge Full Name of Contributor		Registration Number,	if PAC	
Employer/Occupation/Organization		M D Y 8/28/2006	Amount \$50.00	
State	Zip Code	Form	430.00	
ОН	43207		if PAC	
			Amount	
Employer/Occupation/Organization		8/28/2006	\$25.00	
State OH	Zip Code 43206	Cash		
		Registration Number	Registration Number, if PAC	
Employer/O	ccupation/Organization	MDY	Amount	
State	Zip Code	Form		
		Registration Number, if PAC		
Full Name of Contributor			Amount	
Employer/Occupation/Organization		MUY	Amount	
State	Zip Code	Form		
Full Name of Contributor		Registration Number, if PAC		
Employer/Occupation/Organization		MDY	Amount	
State	Zip Code	Form		
ıll Name of Contributor		Registration Number, if PAC		
Employer/	Occupation/Organization	MDY	Amount	
State	Zip Code	Form		
City State Zip Code 0		Registration Number, if PAC		
Employer/Occupation/Organization		MDY	Amount	
State	Zip Code	Form		
	0	Designation Mumb	er if PAC	
		Registration Numb		
Employer	Occupation/Organization	MDY	Amount	
State	Zip Code	Form		
	State OH  Employer/O  State OH  Employer/O  State  Employer/O  State  Employer/O  State  Employer/O  State  Employer/O  State  Employer/O  State  Employer/O  State	Employer/Occupation/Organization  State   Zip Code   43207  Employer/Occupation/Organization  State   Zip Code   43206  Employer/Occupation/Organization  State   Zip Code   0  Employer/Occupation/Organization	Employer/Occupation/Organization   Registration Number,   State   Zip Code   Check   Registration Number,   Registration Number   Registration Nu	

Total	Contrib	utions	this	even	t
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\$755.00

Total expenditures	this	event
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\$275.41		

Page Total: \$75.00