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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

Name of Committee in Full: Gill for Judge		Prescribed by Secretary of Ste	•			
Full Name of Contributor Bill Butler			Registration Number, if PAC			
Street Address 330 W. Spring Street	Employer/Occupation/Organization		M D Y 9/12/2006	Amount \$25.00		
City Columbus	State OH	Zip Code 43215	Form Cash			
Full Name of Contributor Roger Koeck			Registration Number, if PAC			
Street Address 772 S. Front Street	Employer/Occupation/Organization		M D Y 9/12/2006	Amount \$25.00		
City Columbus	State OH	Zip Code 43206	Form Cash			
Full Name of Contributor Scott Friedman			Registration Number, if PAC			
Street Address	Employer/Occupation/Organization		M D Y 9/12/2006	Amount \$50.00		
City	State	Zip Code 0	Form Cash			
Full Name of Contributor Ric Daniell	<u> </u>	Registration Number, if PAC				
Street Address 1350 W. 5th Ave.	Employer/Occupation/Organization		M D Y 9/12/2006	Amount \$50.00		
City Columbus	State OH	Zip Code 43212	Form Cash			
Full Name of Contributor Peg Dillon			Registration Number, if PAC			
Street Address 100 E. Mithoff	Employer/Occupation/Organization		M D Y 9/12/2006	Amount \$50.00		
City Columbus	State OH	Zip Code 43206	Form Cash			
Full Name of Contributor Dennis Day		Registration Number, if PAC				
Street Address 330 S. High Street	Employer/Occupation/Organization		M D Y 9/12/2006	Amount \$100.00		
City Columbus	State OH	Zip Code 43215	Form Cash			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Organization		MDY	Amount		
City	State	Zip Code	Form			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Organization		MDY	Amount		
City	State	Zip Code	Form			

Total	Contribution	nc thic	owont.
lorai	CONTRIDUTIO	ns mis	event

Total expenditures this event:

\$1,265.00

\$526.00			