Statement of Contributions Received

Prescribed by Secretary of State 3/05

Date: 10/18/2006

Page: 9

Name of Committee in Full:

Gill for Judae

				Pagietration	Number if PAC	
Full Name of Contributor				Registration Number, if PAC		
	atherine Ferrari reet Address Employer/Occupation/Organization				Form (Cash, Check, etc.)	
Street Address 5050 Olentangy River Road	Employer/Occupation/Organization				Check	
City	State	Zip Code	M/D/Y			
Columbus	OH	43214	9/18/2006	5	\$25.00	
	OII	10221	7,20,200		Number, if PAC	
1 di Natific di Colla Bacol					Number, in the	
Katherine Marshall	Employer/Occupation/Organization				Form (Cash, Check, etc.)	
Street Address	Employer/	occupation) Organiza	idon	į	Check	
72 Oakland Ave	State Zip Code M/D/Y				CHECK	
City Columbus	OH	43201	9/18/2006	5 l	\$50.00	
	OH	13201	3/10/2000			
Full Name of Contributor				Registration Number, if PAC		
Jen Sauter Street Address Employer/Occupation/Organization					Form (Cash, Check, etc.)	
Street Address	Employer/	occupation/Organiza	auon	1	Check	
8207 Manitou Drive	State	Zip Code	M/D/Y		CHECK	
City	OH	43081	9/18/2006	5 l	\$100.00	
Westerville	On	43001	9/10/2000			
i dii Name di Contributor				Registration	Number, if PAC	
Barbara Smith Street Address Employer/Occupation/Organization Form (Cash, Check, etc.)						
Street Address	Employer/Occupation/Organization			1	Check	
9730 Haaf Farm Drive NW		7-0-4-	N4(D,0)		CHECK	
City	State	Zip Code	M/D/Y	۱ ا	+400.00	
Pickerington	OH	43147	9/18/2006		\$100.00	
Full Name of Contributor Regis				Registration	Number, if PAC	
Michael Compton				L		
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)	
13157 Havens Corner					Check	
City	State	Zip Code	M/D/Y	۱ م		
Pataskala	ОН	43062	9/18/200		\$50.00	
Full Name of Contributor Regi				Registration	Number, if PAC	
Terry Hood				<u> </u>		
Street Address	Employer/	Occupation/Organiz		Form (Cash, Check, etc.)		
10021 Gehrton Road					Check	
City	State	Zip Code	M/D/Y	_		
Conneaut Lake	PA	16316	9/19/200		\$500.00	
Full Name of Contributor				Registration	Number, if PAC	
Carlile, Patchen & Murphy LLP						
Street Address					Form (Cash, Check, etc.)	
366 E. Broad Street					Check	
City	State	Zip Code	M/D/Y	_		
Columbus	OH	43215	9/19/200		\$500.00	
Full Name of Contributor				Registration	Number, if PAC	
Tony's Fundraiser From Form 31-E						
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M/D/Y			
		0	9/21/200	6	\$7350.00	

Page Total: \$8,675.00

^{*} 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)]