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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Gill for Judge								
Full Name of Contributor					Registration Number, if PAC			
Total Contributions from Form 31-E					Acgistration remotes, it FAC			
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor	<u> </u>				ber, if PA			
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Street Address	Employer/Occu	apation/Labor Organization*	_	• •		Form (Cash, Check, etc.)		
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City	State	Zip Code	M	D	Y	Amount		
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Full Name of Contributor	.		Registr	ation Nun	iber, if PA	AC .		
Street Address	Employer/Occu	apation/Labor Organization*				Form (Cash, Check, etc.)		
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Full Name of Contributor			Registra	ation Nun	ber, if PA	AC .		
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Street Address	Employer/Occu	ıpation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Registra	ation Nun	ber, if PA	AC .		
treet Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount		
				<u> </u>	<u> </u>	<u> </u>		
Full Name of Contributor			Registra	ation Num	ber, if PA	AC		
								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
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City	State	Zip Code	M	D	Y	Amount		
			D. i.e.	1 37	ber, if PA			
Full Name of Contributor			Registra	ation Nuri	ioer, ii PA			
Chant A Janea	Employer/Ogg	pation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer/Occu	ipation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount		
City	State	Zip Code	"	"	1	Alilount		
Full Name of Contributor			Registra	ation Num	ber, if PA	C		
Tun Name of Controllor			Ковізін	ation run	, ii 171			
Street Address	Employer/Occus	pation/Labor Organization*				Form (Cash, Check, etc.)		
See And a reduce Office	Employer Cooupation Lacor Organization					- om (out, one, out,		
City	State	Zip Code	М	D	Y	Amount		
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* 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)]

Page Total \$ 22,425.00