

Statement of Contributions Received

Date: 10/18/2006

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Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judae					
Full Name of Contributor CBC Fundraiser From Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Organization		Form (Cash, Check, etc.)	
City	State	Zip Code	M/D/Y		
		0	6/7/2006	\$2470.00	
Full Name of Contributor Richard & Pat Ferguson Fundraiser From Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Organization		Form (Cash, Check, etc.)	
City	State	Zip Code	M/D/Y		
		0	6/11/2006	\$1100.00	
Full Name of Contributor Timothy Horton				Registration Number, if PAC	
Street Address 4497 Flower Garden Drive		Employer/Occupation/Organization Attorney at Law		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M/D/Y 6/22/2006	\$100.00	
Full Name of Contributor Debra Jones				Registration Number, if PAC	
Street Address PO Box 9501		Employer/Occupation/Organization Physiatrist		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M/D/Y 6/22/2006	\$50.00	
Full Name of Contributor Mary Beth Kelleher				Registration Number, if PAC	
Street Address 3636 N. High Street		Employer/Occupation/Organization Attorney at Law		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M/D/Y 6/22/2006	\$100.00	
Full Name of Contributor Michael Shea				Registration Number, if PAC	
Street Address 1079 Bald Eagle Drive Unit 901N		Employer/Occupation/Organization Retired		Form (Cash, Check, etc.) Check	
City Marco Island	State FL	Zip Code 34145	M/D/Y 6/22/2006	\$200.00	
Full Name of Contributor David Stebbins				Registration Number, if PAC	
Street Address 400 S. Fifth Street Suite 202		Employer/Occupation/Organization Attorney at Law		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M/D/Y 6/22/2006	\$100.00	
Full Name of Contributor David Hendershot				Registration Number, if PAC	
Street Address 1454 Cambridge Blvd.		Employer/Occupation/Organization Retired		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	M/D/Y 7/6/2006	\$50.00	

* 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)]

* Connotes possible Court appointed expert / GAL

Page Total:
\$4,170.00