31-E R.C. 3517.10 (B)

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Gill for Judge Full Name of Contributor			Registration Number, if PAC	
Abe Bahgat Street Address 338 S. High Street	Employer/Occupation/Organization Attorney		M D Y 4/21/2006	Amount \$75.00
City	State	Zip Code	Form	
Columbus	OH	43215	Check	
Full Name of Contributor Randal Robinson			Registration Number,	if PAC
Street Address	Employer/Occupation/Organization Attorney at Law		M D Y	Amount
601 S. High Street			4/11/2006	\$75.00
City	State	Zip Code	Form	
Columbus	OH	43215	Check	
Full Name of Contributor Thomas Sexton			Registration Number,	, if PAC
Street Address	Employer/Oc	cupation/Organization	M D Y	Amount
580 S. High Street, 130	Attorney		4/21/2006	\$75.00
City	State	Zip Code	Form	
Columbus	OH	43215	Check	
Full Name of Contributor Jeff Williams			Registration Number,	, if PAC
Street Address	Employer/Occupation/Organization Attorney at Law		M D Y	Amount
1811 Tremont Road			5/2/2006	\$75.00
City	State	Zip Code	Form	
Columbus	OH	43212	Check	
Full Name of Contributor Barry Wolinetz			Registration Number,	, if PAC
Street Address	Employer/Occupation/Organization Attorney at Law		M D Y	Amount
2785 Powell Ave			4/21/2006	\$75.00
City	State	Zip Code	Form	
Bexley	OH	43209	Check	
Full Name of Contributor Koch & Associates			Registration Number, if PAC	
Street Address	Employer/Od	ccupation/Organization	M D Y	Amount
59 W. Livingston Ave	Private inv	vestigator	4/21/2006	\$75.00
City	State	Zip Code	Form	
Columbus	OH	43215	Check	
Full Name of Contributor Jolie Brams *			Registration Number	, if PAC
Street Address	Employer/Occupation/Organization Psychologist		M D Y	Amount
7714 Aspinwall North			4/11/2006	\$100.00
City	State	Zip Code	Form	
New Albany	OH	43054	Check	
		<u>, i</u>		Page Total: \$550.0

Total Contributions	this	event:
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ent:	Total expenditures this event:			
_	\$0.00			

\$10.095.00

*Connotes possible court appointed expert /GAL