

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full GILL FOR JUDGE								
To Whom Paid FROM FORM 31-J-1					M	D	Y	Amount
					0	9	2	1
					0	6		526.00
Address				Purpose				
City				State	Zip Code		Check Number	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State	Zip Code		Check Number	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State	Zip Code		Check Number	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State	Zip Code		Check Number	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State	Zip Code		Check Number	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State	Zip Code		Check Number	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State	Zip Code		Check Number	
To Whom Paid					M	D	Y	Amount

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.