

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 0	D 9	Y 2	Amount 559.11
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid FROM FORM 31-C						M 0	D 2	Y 1	Amount 78.00
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid						M 0	D 2	Y 1	Amount
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid						M 0	D 2	Y 1	Amount
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid						M 0	D 2	Y 1	Amount
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid						M 0	D 2	Y 1	Amount
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid						M 0	D 2	Y 1	Amount
Address		Purpose							
City		State	Zip Code	Check Number					
To Whom Paid						M 0	D 2	Y 1	Amount
Address		Purpose							
City		State	Zip Code	Check Number					

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.