3	1-	F		
R	C	351	7.	10

Event Date	8/3/2006	
Page	1	

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

ame of Committee in Full			
GILL FOR JUDGE o Whom Paid			M D Y Amount
FROM FORM 31-J-1			0 8 0 3 0 6 1,069.39
ddress	Purpose		
ity	State	Zip Code	Check Number
		1	M D Y Amount
o Whom Paid			M D Y Amount
Address	Purpose		
	State	Zip Code	Check Number
City	State	Eap Code	
		<u></u>	M D Y Amount
To Whom Paid			
Address	Purpose		
Aumess			
City	State	Zip Code	Check Number
To Whom Paid			M D Y Amount
Address	Purpose		
	2	Ti- Code	Check Number
City	State	Zip Code	CHOCK HAME
			M D Y Amount
To Whom Paid			
	Purpose		
Address	, ,		
City	State	Zip Code	Check Number
City			
To Whom Paid			M D Y Amount
Address	Purpose		
		- 12 A 1	Check Number
City	State	Zip Code	Check Number
			M D Y Amount
To Whom Paid			
	Purpose		
Address	Lapose .		
City	State	Zip Code	Check Number
City	1		

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.

Page Total \$ 1.069.39