

Statement of Contributions Received at a Social Event or Fundraiser

Event Date 4/21/2006

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Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge Elizabeth Gill: Democratic Candidate for Franklin County Domestic Division & Juvenile Court				
Full Name of Contributor Jack A. Tarpy, PhD			Registration Number, if PAC	
Street Address 265 E. Livingston Ave.	Employer/Occupation/Organization Psychologist		M D Y 4/11/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Fredrick Meister			Registration Number, if PAC	
Street Address 205 S. Cassingham Road	Employer/Occupation/Organization Attorney at Law		M D Y 4/11/2006	Amount \$50.00
City Bexley	State OH	Zip Code 43209	Form Check	
Full Name of Contributor James E. Metz, DDS			Registration Number, if PAC	
Street Address 1271 East Broad Street	Employer/Occupation/Organization Dentist		M D Y 4/11/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43205	Form Check	
Full Name of Contributor Rourke & Blumenthal, LLP			Registration Number, if PAC	
Street Address 495 S. High Street	Employer/Occupation/Organization Attorney at Law		M D Y 4/11/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Richard Topper			Registration Number, if PAC	
Street Address 1500 West Third Ave.	Employer/Occupation/Organization Attorney at Law		M D Y 4/11/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43212	Form Check	
Full Name of Contributor Randal Robinson			Registration Number, if PAC	
Street Address 601 S. High Street	Employer/Occupation/Organization Attorney at Law		M D Y 4/11/2006	Amount \$75.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Barbara Smith			Registration Number, if PAC	
Street Address 9730 Haaf Farm Dr NW	Employer/Occupation/Organization Retired		M D Y 4/11/2006	Amount \$25.00
City Pickerington	State OH	Zip Code 43147	Form Check	
Full Name of Contributor Jolie Brams			Registration Number, if PAC	
Street Address 7714 Aspinwall North	Employer/Occupation/Organization Psychologist		M D Y 4/11/2006	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form Check	

\$530.00