

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full GILL FOR JUDGE												
To Whom Paid Flatiron						M	D	Y	Amount			
						1	0	2	3	0	6	\$1,000.00
Address Nationwide Blvd				Purpose Fund-raising: Food								
City Columbus				State OH	Zip Code 43215		Check Number					
To Whom Paid Office Max						M	D	Y	Amount			
						0	9	1	5	0	6	\$150.00
Address Easton Square				Purpose Fund-raising: Invitations								
City Columbus				State OH	Zip Code 43081		Check Number					
To Whom Paid USPS						M	D	Y	Amount			
						0	9	1	6	0	6	\$50.00
Address State Street				Purpose Fund-raising: Postage								
City Westerville				State OH	Zip Code 43081		Check Number					
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State	Zip Code		Check Number			
						OH						

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.

\$1,200.00

Page Total \$