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31-E R.C. 3517.10 (B)

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

		Prescribed by Secretary of Sta	ite 3/05		
Name of Committee in Full: Gill for Judge					
Full Name of Contributor Vorys, Seymore & Pease			Registration Number, if PAC		
Street Address 52 E Gay Street		ccupation/Organization	M D Y 6/11/2006	Amount \$500.00	
City Columbus	State OH	Zip Code 43215	Form Check		
Full Name of Contributor Ron Caldwell		Registration Number, if PAC			
Street Address 4788 Baldwin Rd	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$50.00	
City Hilliard	State OH	Zip Code 43026	Form Check		
Full Name of Contributor Steve Georgeff			Registration Number, if PAC		
Street Address 655 Providence Ave	Employer/O	ccupation/Organization	M D Y 6/9/2006	Amount \$40.00	
City Columbus	State OH	Zip Code 43214	Form Cash		
Full Name of Contributor Dennis Olberding			Registration Number, if PAC		
Street Address 7627 Tenburg Drive	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$40.00	
City Dublin	State OH	Zip Code 43017	Form Cash		
Full Name of Contributor Ellen Dorle			Registration Number	, if PAC	
Street Address 7957 Olentangy River Rd	Employer/Occupation/Organization CFP		M D Y 6/9/2006	Amount \$40.00	
City Columbus	State OH	Zip Code 43235	Form Cash		
Full Name of Contributor Post-Primary Contribution	ons	Registration Number, if PAC			
Street Address	Employer/Occupation/Organization		MDY	Amount \$1,400.00	
City	State	Zip Code	Form		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Organization		MDY	Amount	
City	State	Zip Code	Form		
Full Name of Contributor		Registration Number, if PAC			
Street Address	Employer/Occupation/Organization		MDY	Amount	
City	State	Zip Code	Form		

Total (Contribu	utions	this	event:
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Total expenditures this event:

\$3,870.00

\$362.63	

Page Total: \$2.070.00