

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor Darlene Chavers			Registration Number, if PAC	
Street Address 5466 Haverhill Dr	Employer/Occupation/Organization		M D Y 9/29/2006	Amount \$50.00
City Dublin	State OH	Zip Code 43017	Form Check	
Full Name of Contributor Paula Deming			Registration Number, if PAC	
Street Address 6775 alloway St	Employer/Occupation/Organization		M D Y 9/29/2006	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form Check	
Full Name of Contributor Jeffrey Davis			Registration Number, if PAC	
Street Address 2035 Michelle Dr	Employer/Occupation/Organization		M D Y 9/29/2006	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form Check	
Full Name of Contributor Parrill & Associates CO., LPA			Registration Number, if PAC	
Street Address PO Box 06360	Employer/Occupation/Organization		M D Y 9/29/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form Check	
Full Name of Contributor Ric Daniels			Registration Number, if PAC	
Street Address 5811 Pioneers Court	Employer/Occupation/Organization		M D Y 9/29/2006	Amount \$45.00
City Worthington	State OH	Zip Code 43085	Form Cash	
Full Name of Contributor Ellen Dorle			Registration Number, if PAC	
Street Address 7957 Olentangy River Rd	Employer/Occupation/Organization		M D Y 9/29/2006	Amount \$20.00
City Columbus	State OH	Zip Code 43235	Form Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Organization		M D Y 12:00:00 AM	Amount
City	State	Zip Code 0	Form	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Organization		M D Y 12:00:00 AM	Amount
City	State	Zip Code 0	Form	

Total Contributions this event:

\$265.00

Total expenditures this event:

\$97.00