

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full GILL FOR JUDGE											
To Whom Paid FROM FORM 31-J-1					M	D	Y	Amount			
					0	8	2	6	0	6	275.41
Address				Purpose							
City			State	Zip Code	Check Number						
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City			State	Zip Code	Check Number						
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City			State	Zip Code	Check Number						
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City			State	Zip Code	Check Number						
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City			State	Zip Code	Check Number						
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City			State	Zip Code	Check Number						
To Whom Paid					M	D	Y	Amount			
Address				Purpose							
City			State	Zip Code	Check Number						
To Whom Paid					M	D	Y	Amount			

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.