31-A R.C. 3517.10 (B)

Statement of Contributions Received

Date: 12/11/2006

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Name of Committee in Full: Gill for Judge							
Full Name of Contributor					Registration Number, if PAC		
Jerry Saunders	.,				<u>l.,, , , , .</u>	_	
Street Address	Employer/Occupation/Organization					Form (Cash, Check, etc.)	
2788 Floribunda Drive						Check	
City	State		Zip Code	M/D/Y	_		
Columbus	ОН		43209	11/4/200	b	\$50.00	
Full Name of Contributor Gregory Anglin						Registration Number, if PAC	
Street Address	Employer/Occupation/Organization				I	Form (Cash, Check, etc.)	
979 High Street	Employer/ occupation/ organization					Check	
City	State	State Zip Code M/D/Y				- C.1.00K	
Worthington	ОН		43085	11/12/200	06	\$200.00	
Full Name of Contributor	1					n Number, if PAC	
Lynda Schiff						ir Number, it PAC	
Street Address	Employer/	Employer/Occupation/Organization				Form (Cash, Check, etc.)	
275 S. Columbia Ave						Check	
City	State		Zip Code	M/D/Y		· · · · · · · · · · · · · · · · · · ·	
Columbus	OH		43209	11/12/200	06	\$100.00	
Full Name of Contributor					Registration Number, if PAC		
Robert Bergman Street Address Employer/Occupation/Organization					L	Farm (Cash, Charle ata)	
1288 Poppy Hills Drive	Employer/Occupation/Organization					Form (Cash, Check, etc.) Check	
City	State Zip Code M/D/Y						
Blacklick	OH		43004	11/12/200	06	\$50.00	
Full Name of Contributor					Registratio	n Number, if PAC	
Robert Burman						,	
Street Address	Employer/Occupation/Organization					Form (Cash, Check, etc.)	
601 S. High Street						Check	
City	State		Zip Code	M/D/Y			
Columbus	OH		43215	11/12/200	06	\$400.00	
Full Name of Contributor Reg						n Number, if PAC	
Street Address	Employer/Occupation/Organization					Form (Cash, Check, etc.)	
Stieet Address	Employer/Occupation/Organization					Tomi (cash, check, etc.)	
City	State		Zip Code	M/D/Y	······································		
Full Name of Contributor	lame of Contributor					Registration Number, if PAC	
Charle Address					L	Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Organization					Form (Cash, Check, etc.)	
City	State		Zip Code	M/D/Y			
Full Name of Contributor					Registration Number, if PAC		
Street Address	Employer/Occupation/Organization				<u> </u>	Form (Cash, Check, etc.)	
City	State		Zip Code	M/D/Y			

Page Total: \$800.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]