

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full GILL FOR JUDGE									
Full Name Elizabeth Gill					Registration Number, if PAC				
Address 90 E. Mithoff			Type* L N		M D Y 0 6 0 7 0 6			Amount 362.63	
City Columbus			State O H		Zip Code 43206			Form(Cash,Check,etc) Credit	
Full Name Elizabeth Gill					Registration Number, if PAC				
Address 90 E. Mithoff			Type* L N		M D Y 0 9 0 8 0 6			Amount 231.00	
City Columbus			State O H		Zip Code 43206			Form(Cash,Check,etc) Credit	
Full Name Elizabeth Gill					Registration Number, if PAC				
Address 90 E. Mithoff			Type* L N		M D Y 0 9 0 1 0 6			Amount 312.00	
City Columbus			State O H		Zip Code 43206			Form(Cash,Check,etc)	
Full Name Elizabeth Gill					Registration Number, if PAC				
Address 90 E. Mithoff			Type* L N		M D Y 0 9 2 1 0 6			Amount 400.84	
City Columbus			State O H		Zip Code 43206			Form(Cash,Check,etc)	
Full Name Elizabeth Gill					Registration Number, if PAC				
Address 90 E. Mithoff			Type* L N		M D Y 0 7 0 5 0 6			Amount 170.80	
City Columbus			State O H		Zip Code 43206			Form(Cash,Check,etc) Credit	
Full Name					Registration Number, if PAC				
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name					Registration Number, if PAC				
Address			Type*		M D Y			Amount	
City			State		Zip Code			Form(Cash,Check,etc)	
Full Name Elizabeth Gill					Registration Number, if PAC				
Address 90 E. Mithoff			Type* L N		M D Y 0 7 1 9 0 6			Amount 132.58	
City Columbus			State O H		Zip Code 43206			Form(Cash,Check,etc) Check	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1 609 85