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Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee					
GILL FOR JUDGE					
From Whom Received		Prior A			Amt. Incurred this Period
Elizabeth Gill			3,8	311.05	19,624.68
Address					Outstanding Balance
90 E. Mithoff Street					23,435.73
City State Zip Code	Loans Received This Period	Loans Received This Period Payo			nents This Period
Columbus O H 43206	Date Amount		Da		Amount
Date Loan was originally M D	• • • • •	M	D	Y	\$
Incurred	0 9 0 8 0 6 231.00)			
Registration Number, if PAC	M D Y	M	D	Y	
	0 6 0 7 0 6 362.63				
Employer/Occupation/Labor Organization*	M D Y	М	D	Y	
	0 6 2 1 0 6 240.19	2	1.1.		
From Whom Received		Prior A	mount		Amt. Incurred this Period
Elizabeth Gill					
Address 90 E. Mithoff Street					Outstanding Balance
City State Zip Code	Loans Received This Period			Pave	nents This Period
Columbus OH 43206	Date Amount	1 .	Da	•	Amount
Date Loan was originally M D	M D Y \$	M	D	Y	S
Incurred	0 7 0 2 0 6 267.21			li	
Registration Number, if PAC	M D Y	M	D	Y	
	0 7 0 5 0 6 170.80)			
Employer/Occupation/Labor Organization*	M D Y	М	D	Y	
	0 9 1 0 0 6 78.00)		1 1	İ
From Whom Received	0 7 2 0 0 0	Prior A	mount	- 1 	Amt. Incurred this Period
Elizabeth Gill					
Address	······································				Outstanding Balance
90 E. Mithoff Street					
City State Zip Code	Loans Received This Period			Pavn	nents This Period
Columbus O H 43206	Date Amount	I	Da	-	Amount
Date Loan was originally M D	D Y \$	М	D	Y	S
Incurred	0 9 0 1 0 6 312.00				
Registration Number, if PAC	M D Y	М	D	Y	
,	0 7 1 9 0 6 132.58				
Employer/Occupation/Labor Organization*	M D Y	M	D	Y	
A	$0 \ 7 \ 2 \ 0 \ 0 \ 6 $ 1046.68				
1					

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	3,811.05	
2	Total received this period \$	19,624.68	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	23,435.73	(To Form No. 30-A)

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business if any, rather than employer should be listed. If two ormore employees donate 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)