

Event Date	<u>5/10/06</u>
Page	<u>1</u>

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 LINDEYS					M	D	Y	Amount 1,973.91
					0	5	1	
Address MOHAWK STREET					Purpose FOOD/ BEVERAGE/ VENUE			
City COLUMBUS					State O	Zip Code H 43206		Check Number AMX
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
Address					Purpose			
City					State	Zip Code		Check Number

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.

Page Total \$	<u>1,973.91</u>
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