

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	722.25
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.