

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor Katherine Bowman			Registration Number, if PAC	
Street Address 2501 Lytham Road	Employer/Occupation/Organization		M D Y 10/15/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form Check	
Full Name of Contributor Tiffany Miller			Registration Number, if PAC	
Street Address 5296 Timberline Rd	Employer/Occupation/Organization		M D Y 10/15/2006	Amount \$25.00
City Columbus	State OH	Zip Code 43220	Form Check	
Full Name of Contributor Nancy Manougian			Registration Number, if PAC	
Street Address 5857 Leven Links Ct	Employer/Occupation/Organization		M D Y 10/15/2006	Amount \$25.00
City Dublin	State OH	Zip Code 43017	Form Check	
Full Name of Contributor Sabrina Haurin			Registration Number, if PAC	
Street Address 2560 Ashcinger Blvd	Employer/Occupation/Organization		M D Y 10/15/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43212	Form Check	
Full Name of Contributor Lynn Greer			Registration Number, if PAC	
Street Address 1200 Chambers Rd	Employer/Occupation/Organization		M D Y 10/15/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43212	Form Check	
Full Name of Contributor Bailey Cavalieri LLC			Registration Number, if PAC	
Street Address 10 W. Broad Street	Employer/Occupation/Organization		M D Y 10/15/2006	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Organization		M D Y	Amount
City	State	Zip Code	Form	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Organization		M D Y	Amount
City	State	Zip Code	Form	

Total Contributions this event:

\$500.00

Total expenditures this event:

\$200.00

Page Total:
\$500.00