

Event Date	<u>6/7/06</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 GRAPHIC TS					M	D	Y	Amount
					0	5	2	293.56
Address 532 MAIN ST		Purpose INVITE PRINTING CBC						
City COLUMBUS	State O	H	Zip Code 43125	Check Number DISCOVER				
To Whom Paid USPS					M	D	Y	Amount
					0	5	2	1,314.00
Address		Purpose POSTAGE FOR INVITATIONS						
City COLUMBUS	State O	H	Zip Code 43125	Check Number DISCOVER				
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>1,607.56</u>
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