Statement of Contributions Received

Prescribed by Secretary of State 3/05

Date: 12/11/2006

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Name of Committee in Full: Gill for Judge					
Full Name of Contributor				Registration Number, if PAC	
Nancy Jeffrey					
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)
296 Ashbourne Pl.				Check	
City	State	Zip Code	M/D/Y		
Columbus	OH	43209	10/19/20		\$100.00
Full Name of Contributor				Registra	tion Number, if PAC
LeeAnn Massucci		,		<u> </u>	······································
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)
2509 Canterbury Road City	State Zip Code M/D/Y				Check
Columbus	OH	43221	10/19/2006		tro 00
		73221	10/13/20		\$50.00
Full Name of Contributor Hudson for Council				Registra	tion Number, if PAC
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)
3886 N. High Street	Employer/Occupation/Organization				Check
City	State	Zip Code	M/D/Y		- III
Columbus	OH	43214	10/19/20	06	\$100.00
Full Name of Contributor					tion Number, if PAC
Fraternal Order of Police				l	der Hamber, ii 17te
Street Address	Employer/Occupation/Organization			Form (Cash, Check, etc.)	
520 S. High Street					Check
City	State	Zip Code	M/D/Y	. ,	
Columbus	OH	43215	10/19/2006		\$500.00
Full Name of Contributor					tion Number, if PAC
Baker & Hostetler LLP				OH 125	•
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)
3200 National City Center					Check
City	State	Zip Code	M/D/Y		
Cleveland	ОН	44114	10/19/20		\$1500.00
Full Name of Contributor				Registra	tion Number, if PAC
Roger Sugarman					
Street Address	Employer/Occupation/Organization				Form (Cash, Check, etc.)
6025 Cranberry Ct		W - P - 1	14400		Check
City Columbus	State OH	Zip Code 43213	M/D/Y	06	
	On	43213	10/19/20		\$100.00
Full Name of Contributor				Registra	tion Number, if PAC
Barry Wolinetz			-41	<u>L</u>	
Street Address 250 Civic Center Dr	Employer/Occupation/Organization				Form (Cash, Check, etc.) Check
City	State	Zip Code	M/D/Y		Crieck
Columbus	OH	43215	10/20/2006		\$3000.00
Full Name of Contributor				tion Number, if PAC	
Mike Oser				Registrat	don Number, ii FAC
Street Address	Employer/Occupation/Organization			<u> </u>	Form (Cash, Check, etc.)
33 E Livingston Ave					Check
City	State	Zip Code	M/D/Y		
Columbus	ОН	43215	10/20/2006		\$50.00
			- 1		
					Page Total:
					\$5,400.00

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