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31-E R.C. 3517.10 (B)

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full:		Prescribed by Secretary 6-5-5-5			
Gill for Judge Full Name of Contributor		Registration Number, if PAC			
Jennifer Farmer Street Address 5220 Preferred Place	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$25.00	
City Hilliard	State OH	Zip Code 43026	Form Check		
Full Name of Contributor			Registration Number, if PAC		
Fred Kilgust Street Address 39 S. 9th Street; Apt. B	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$25.00	
City Columbus	State OH	Zip Code 43215	Form Check		
Full Name of Contributor Jen Sauter			Registration Number, if PAC		
Street Address 8207 Manitou Drive	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$170.00	
City Westerville	State OH	Zip Code 43081	Form Check		
Full Name of Contributor Fred Kilgust			Registration Number, if PAC		
Street Address 39 S. 9 th St; Apt B	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$25.00	
City Columbus	State OH	Zip Code 43215	Form Cash		
Full Name of Contributor Cash			Registration Number		
Street Address 4 Tickets @\$25.00	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$100.00	
City	State	Zip Code 0	Form Cash		
Full Name of Contributor		Registration Numbe			
Street Address	Employer/Occupation/Organization		MDY	Amount	
City	State	Zip Code	Form		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/	Occupation/Organization	MDY	Amount	
City	State	Zip Code	Form		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Organization		MDY	Amount	
City	State	Zip Code	Form		

Total	Contribu	utions	this	event:
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Total expenditures this event:

\$3,500.00

Total this Page: \$345.00