**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: <b>Gill for Judge</b> |                                  | Treatmood by occirculy or our |                             |                   |  |
|--|----------------------------------|-------------------------------|-----------------------------|-------------------|--|
| Full Name of Contributor                         |                                  | Registration Number, if PAC   |                             |                   |  |
| Thomas Vadakin Street Address                    | Employer/O                       | ccupation/Organization        | MDY                         | Amount            |  |
| 4125 Oxford Drive                                |                                  |                               | 6/11/2006                   | \$50.00           |  |
| City<br>Upper Arlington                          | State<br>OH                      | Zip Code<br>43220             | Form<br>Check               |                   |  |
| Full Name of Contributor Williard Fitzpatrick    |                                  | Registration Number, if PAC   |                             |                   |  |
| Street Address<br>847 Katherine Wood             | Employer/Occupation/Organization |                               | M D Y<br>6/11/2006          | Amount<br>\$50.00 |  |
| City<br>Columbus                                 | State<br>OH                      | Zip Code<br>43235             | Form<br>Check               |                   |  |
| Full Name of Contributor Richard Greiner         |                                  |                               | Registration Number, if PAC |                   |  |
| Street Address<br>835 Katherine Wood             | Employer/Occupation/Organization |                               | M D Y<br>6/11/2006          | Amount<br>\$50.00 |  |
| City<br>Columbus                                 | State<br>OH                      | Zip Code<br>43235             | Form<br>Check               |                   |  |
| 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/C                       | Occupation/Organization       | MDY                         | Amount            |  |
| City   | State                            | Zip Code                      | Form                        |                   |  |
| Full Name of Contributor                         |                                  | Registration Number, if PAC   |                             |                   |  |
| Street Address                                   | Employer/C                       | Occupation/Organization       | MDY                         | Amount            |  |
| City   | State                            | Zip Code                      | Form                        |                   |  |
| Full Name of Contributor                         | I                                | Registration Number, if PAC   |                             |                   |  |
| Street Address                                   | Employer/Occupation/Organization |                               | MDY                         | Amount            |  |
| City   | State                            | Zip Code<br>0                 | Form                        |                   |  |
| Full Name of Contributor                         |                                  | Registration Number, if PAC   |                             |                   |  |
| Street Address                                   | Employer/Occupation/Organization |                               | MDY                         | Amount            |  |
| City   | State                            | Zip Code<br>0                 | Form                        |                   |  |

| Total | Contribu | itione | thic | avent. |
|-------|----------|--------|------|--------|
| LOTAL | COMPRIS  | LIOUS  | uns  | eveni. |

\$1,100.00

Total expenditures this event:

\$501.54

Page Total: \$150.00