

# 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>				
Full Name of Contributor <b>Andrea Yagoda</b>			Registration Number, if PAC	
Street Address <b>897 S. Front St</b>	Employer/Occupation/Organization		M D Y <b>8/20/2006</b>	Amount <b>\$50.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Form <b>Check</b>	
Full Name of Contributor <b>Sam Shamansky</b>			Registration Number, if PAC	
Street Address <b>511 S. High Street</b>	Employer/Occupation/Organization		M D Y <b>8/20/2006</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43212</b>	Form <b>Cash</b>	
Full Name of Contributor <b>Lois Colley</b>			Registration Number, if PAC	
Street Address <b>PO Box 550</b>	Employer/Occupation/Organization		M D Y <b>8/20/2006</b>	Amount <b>\$50.00</b>
City <b>St. Helena</b>	State <b>SC</b>	Zip Code <b>29920</b>	Form <b>Cash</b>	
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	
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	
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:

**\$3,500.00**

Total expenditures this event:

**\$594.00**

Page Total:  
**\$200.00**