

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
05 OCT 26 PM 2:34
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee GILL FOR JUDGE						Registration Number, if PAC		
Full Name of Candidate Elizabeth Gill								
Street Address 90 E. Mithoff Street					Office Sought Domestic & Juve		District Franklin	
City Columbus					State O H	Zip Code 43206		
Type of Report (place X to the left of report type)	Pre-Primary	Post-Primary	X	Pre-General	Post-General	Annual Year		
	July Monthly	August Monthly		September Monthly	Termination	Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M 1 1	D 0 7	Y 0 6

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 40,508.92
2. Total monetary contributions (From Form No. 31-A)	\$ 48,425.00
3. Total other income (From Form No. 31-A-2)	\$ 19,624.68
4. Total funds available (sum of lines 1, 2, 3)	\$ 108,558.60
5. Total monetary expenditures (From Form No. 31-B)	\$ 80,705.81
6. Balance on hand (line 4 minus line 5)	\$ 27,852.79
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 9,223.30
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 23,435.68
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 23,435.68
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

JENNIFER SAUTER

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

10/24/06

Date

Contribution pages 13

Expenditure pages 2

Other pages 72

Total pages 87

Statement of Contributions Received

Date: 10/18/2006

Page: 1

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judae				
Full Name of Contributor CBC Fundraiser From Form 31-E				Registration Number, if PAC
Street Address		Employer/Occupation/Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M/D/Y	
		0	6/7/2006	\$2470.00
Full Name of Contributor Richard & Pat Ferguson Fundraiser From Form 31-E				Registration Number, if PAC
Street Address		Employer/Occupation/Organization		Form (Cash, Check, etc.)
City	State	Zip Code	M/D/Y	
		0	6/11/2006	\$1100.00
Full Name of Contributor Timothy Horton				Registration Number, if PAC
Street Address 4497 Flower Garden Drive		Employer/Occupation/Organization Attorney at Law		Form (Cash, Check, etc.) Check
City New Albany	State OH	Zip Code 43054	M/D/Y 6/22/2006	\$100.00
Full Name of Contributor Debra Jones				Registration Number, if PAC
Street Address PO Box 9501		Employer/Occupation/Organization Physiatrist		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	M/D/Y 6/22/2006	\$50.00
Full Name of Contributor Mary Beth Kelleher				Registration Number, if PAC
Street Address 3636 N. High Street		Employer/Occupation/Organization Attorney at Law		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	M/D/Y 6/22/2006	\$100.00
Full Name of Contributor Michael Shea				Registration Number, if PAC
Street Address 1079 Bald Eagle Drive Unit 901N		Employer/Occupation/Organization Retired		Form (Cash, Check, etc.) Check
City Marco Island	State FL	Zip Code 34145	M/D/Y 6/22/2006	\$200.00
Full Name of Contributor David Stebbins				Registration Number, if PAC
Street Address 400 S. Fifth Street Suite 202		Employer/Occupation/Organization Attorney at Law		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 6/22/2006	\$100.00
Full Name of Contributor David Hendershot				Registration Number, if PAC
Street Address 1454 Cambridge Blvd.		Employer/Occupation/Organization Retired		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	M/D/Y 7/6/2006	\$50.00

* 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)]

* Connotes possible Court appointed expert/CAE

Page Total:
\$4,170.00

Statement of Contributions Received

Date: 10/18/2006

Page: 2

Prescribed by Secretary of State 3/05

Name of Committee in Full:
Gill for Judae

Full Name of Contributor Sharon Hendershot				Registration Number, if PAC	
Street Address 1454 Cambridge Blvd.		Employer/Occupation/Organization Retired			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	M/D/Y 7/6/2006	\$50.00	
Full Name of Contributor Jeffrey Smalldon				Registration Number, if PAC	
Street Address 6048 Rocky Rill Road		Employer/Occupation/Organization Psychologist			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	M/D/Y 7/6/2006	\$50.00	
Full Name of Contributor Citizens for Rankin				Registration Number, if PAC	
Street Address 5454 E. Town Street		Employer/Occupation/Organization Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 7/6/2006	\$100.00	
Full Name of Contributor IBEW				Registration Number, if PAC	
Street Address 900 Seventh Street NW		Employer/Occupation/Organization Labor			Form (Cash, Check, etc.) Check
City Washington	State DC	Zip Code 20001	M/D/Y 7/6/2006	\$500.00	
Full Name of Contributor Luxx Fundraiser From Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Organization			Form (Cash, Check, etc.)
City	State	Zip Code 0	M/D/Y 7/13/2006	\$4750.00	
Full Name of Contributor Club 185 Fundraiser From Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Organization			Form (Cash, Check, etc.)
City	State	Zip Code 0	M/D/Y 8/3/2006	\$3500.00	
Full Name of Contributor Steven Bock				Registration Number, if PAC	
Street Address 4305 Woodbridge Road		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	M/D/Y 8/14/2006	\$250.00	
Full Name of Contributor Melissa Hand Bedell				Registration Number, if PAC	
Street Address 206 N. Stanwood Road		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	M/D/Y 8/14/2006	\$50.00	

* 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)]

Page Total:
\$9,250.00

Statement of Contributions Received

Date: 10/18/2006
Page: 3

Prescribed by Secretary of State 3/05

Name of Committee in Full:
Gill for Judae

Full Name of Contributor Thomas Shutt				Registration Number, if PAC	
Street Address 801 Crestway Drive		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	M/D/Y 8/14/2006	\$25.00	
Full Name of Contributor Richard Topper				Registration Number, if PAC	
Street Address 5132 Olentangy River Rd		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	M/D/Y 8/14/2006	\$50.00	
Full Name of Contributor Philip Absi				Registration Number, if PAC	
Street Address 3790 Old 3C Highway		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Galena	State OH	Zip Code 43021	M/D/Y 8/14/2006	\$500.00	
Full Name of Contributor Anderson, Tyler, McCaughan From Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Organization			Form (Cash, Check, etc.)
City	State	Zip Code 0	M/D/Y 8/17/2006	\$3500.00	
Full Name of Contributor Williams Fundraiser From Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Organization			Form (Cash, Check, etc.)
City	State	Zip Code 0	M/D/Y 8/26/2006	\$755.00	
* Full Name of Contributor David Lowenstein				Registration Number, if PAC	
Street Address 163 S. Dawson Ave.		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	M/D/Y 8/18/2006	\$50.00	
* Full Name of Contributor Stephanie Gibson				Registration Number, if PAC	
Street Address 115 W. Main Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 8/18/2006	\$200.00	
Full Name of Contributor Carpenters Local Union #200 PCE				Registration Number, if PAC	
Street Address 1545 Alum Creek Drive		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	M/D/Y 8/18/2006	\$500.00	

* 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)]

Page Total:
\$5,580.00

Statement of Contributions Received

Date: 10/18/2006

Page: 4

Prescribed by Secretary of State 3/05

Name of Committee in Full:
Gill for Judae

Full Name of Contributor Margareta Mc Glynn				Registration Number, if PAC	
Street Address 294-29th Ave.		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City San Fransico	State CA	Zip Code 94121	M/D/Y 8/18/2006	\$30.00	
Full Name of Contributor John Marshall				Registration Number, if PAC	
Street Address 324 Fallils		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	M/D/Y 8/18/2006	\$250.00	
Full Name of Contributor Eric Hoffman				Registration Number, if PAC	
Street Address 338 S. High Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43215	M/D/Y 8/18/2006	\$40.00	
Full Name of Contributor Christie Angel				Registration Number, if PAC	
Street Address 600 S. Grant Ave.		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206	M/D/Y 8/18/2006	\$25.00	
Full Name of Contributor Elizabeth Clark				Registration Number, if PAC	
Street Address 229 Winthrop Road		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	M/D/Y 8/18/2006	\$25.00	
Full Name of Contributor Marlene Antolino				Registration Number, if PAC	
Street Address 1260 Cambridge Blvd.		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	M/D/Y 8/18/2006	\$25.00	
Full Name of Contributor Chris Jacobs				Registration Number, if PAC	
Street Address 7969 Flint Road		Employer/Occupation/Organization			Form (Cash, Check, etc.) Cash
City Columbus	State O	H Zip Code 43235	M/D/Y 8/18/2006	\$20.00	
Full Name of Contributor Bernard Floetker				Registration Number, if PAC	
Street Address 1295 S. High Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206	M/D/Y 8/20/2006	\$30.00	

* 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)]

Page Total:
\$445.00

Statement of Contributions Received

Date: 10/18/2006

Page: 5

Prescribed by Secretary of State 3/05

Name of Committee in Full:
Gill for Judae

Full Name of Contributor Cortney Hildebrand				Registration Number, if PAC	
Street Address 565 Scotty Ct.		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026	M/D/Y 8/20/2006	\$200.00	
Full Name of Contributor Christopher Minnillo				Registration Number, if PAC	
Street Address 1500 W. Third Ave		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	M/D/Y 8/20/2006	\$25.00	
Full Name of Contributor Tim Van Eman				Registration Number, if PAC	
Street Address 500 S. Front Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 8/20/2006	\$500.00	
Full Name of Contributor Yvette McGee Fundraiser From Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Organization			Form (Cash, Check, etc.)
City	State	Zip Code	M/D/Y	\$930.00	
		0	8/26/2006		
Full Name of Contributor Kristie Kuhn				Registration Number, if PAC	
Street Address 490 City Park Ave		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 8/28/2006	\$100.00	
Full Name of Contributor Lamkin, Van Eman, Tribble, Beals & Dougherty, LLC				Registration Number, if PAC	
Street Address 500 S. Front Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 8/28/2006	\$1000.00	
Full Name of Contributor Venus Turner				Registration Number, if PAC	
Street Address 2403 J Prince George Drive		Employer/Occupation/Organization			Form (Cash, Check, etc.) MO
City Columbus	State OH	Zip Code 43209	M/D/Y 8/28/2006	\$500.00	
Full Name of Contributor Suzanne Sabol				Registration Number, if PAC	
Street Address 820 S. High Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206	M/D/Y 8/28/2006	\$200.00	

* 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)]

Page Total:
\$3,455.00

Statement of Contributions Received

Date: 10/18/2006

Page: 6

Prescribed by Secretary of State 3/05

Name of Committee in Full:

Gill for Judae

Full Name of Contributor Marlene Lynn				Registration Number, if PAC	
Street Address 7725 Kelvinway Drive		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	M/D/Y 8/28/2006		\$20.00
Full Name of Contributor Robert Hetterscheidt				Registration Number, if PAC	
Street Address 495 S. High St; Ste 250		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 8/28/2006		\$50.00
Full Name of Contributor H. Russell Anderson				Registration Number, if PAC	
Street Address 399 Highgate Ave.		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	M/D/Y 8/28/2006		\$250.00
Full Name of Contributor Marla Bernardo				Registration Number, if PAC	
Street Address 83 E. Mithoff Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206	M/D/Y 8/29/2006		\$40.00
Full Name of Contributor Carol Ann Fey				Registration Number, if PAC	
Street Address PO Box 9124		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	M/D/Y 8/29/2006		\$100.00
Full Name of Contributor Ellen Bennett				Registration Number, if PAC	
Street Address 828 Vernon Road		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	M/D/Y 8/29/2006		\$20.00
Full Name of Contributor Mary Hughes				Registration Number, if PAC	
Street Address 829 Vernon Road		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	M/D/Y 8/29/2006		\$20.00
Full Name of Contributor Sheryl Williams				Registration Number, if PAC	
Street Address 658 Bugle Court		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	M/D/Y 8/29/2006		\$25.00

* 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)]

Page Total:
\$525.00

Statement of Contributions Received

Date: 10/18/2006

Page: 7

Prescribed by Secretary of State 3/05

Name of Committee in Full:
Gill for Judae

Full Name of Contributor Michael Minister				Registration Number, if PAC	
Street Address 65 E. State St.; Ste 2100		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 8/29/2006	\$100.00	
Full Name of Contributor Grandview Fundraiser From Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Organization			Form (Cash, Check, etc.)
City	State	Zip Code	M/D/Y	\$3835.00	
		0	8/30/2006		
Full Name of Contributor Grossman/Lewis Fundraiser From Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Organization			Form (Cash, Check, etc.)
City	State	Zip Code	M/D/Y	\$650.00	
		0	9/7/2006		
Full Name of Contributor Highbeck Fundraiser From Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Organization			Form (Cash, Check, etc.)
City	State	Zip Code	M/D/Y	\$1265.00	
		0	9/8/2006		
Full Name of Contributor Gaither Deluca				Registration Number, if PAC	
Street Address 980 E. Gulf Drive		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Sanibel	State FL	Zip Code 33957	M/D/Y 9/11/2006	\$50.00	
Full Name of Contributor Thomas Friedman				Registration Number, if PAC	
Street Address 502 S. Third Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 9/11/2006	\$100.00	
Full Name of Contributor Edward Klekotka				Registration Number, if PAC	
Street Address PO Box 21928		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	M/D/Y 9/11/2006	\$100.00	
Full Name of Contributor Robert Longenbaker				Registration Number, if PAC	
Street Address 1454 W. Lane Ave.		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	M/D/Y 9/11/2006	\$35.00	

* 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)]

Page Total:
\$6,135.00

Statement of Contributions Received

Date: 10/18/2006

Page: 8

Prescribed by Secretary of State 3/05

Name of Committee in Full:
Gill for Judae

Full Name of Contributor Charles Postlewaite				Registration Number, if PAC	
Street Address 3040 Riverside Drive; Ste. 122		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	M/D/Y 9/11/2006	\$250.00	
Full Name of Contributor Tracie Ransom				Registration Number, if PAC	
Street Address 26 Ironclad Drive		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43213	M/D/Y 9/11/2006	\$50.00	
Full Name of Contributor Teresa Sherald				Registration Number, if PAC	
Street Address 285 Timber Ridge Drive		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Pickerington	State OH	Zip Code 43147	M/D/Y 9/11/2006	\$50.00	
Full Name of Contributor Jay Shoor				Registration Number, if PAC	
Street Address 5799 Bastille Pl		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43213	M/D/Y 9/11/2006	\$50.00	
Full Name of Contributor Lamkin, Van Eman, Trimble, Beals & Dougherty, LLC				Registration Number, if PAC	
Street Address 500 S. Front St; Ste 200		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 9/11/2006	\$1000.00	
Full Name of Contributor Margaret Chapin				Registration Number, if PAC	
Street Address 2571 W. Point Road SE		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Lancaster	State OH	Zip Code 43130	M/D/Y 9/12/2006	\$200.00	
Full Name of Contributor Roger Whitaker				Registration Number, if PAC	
Street Address 1071 Denman Ct.		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	M/D/Y 9/12/2006	\$100.00	
Full Name of Contributor Belinda Dawson Dunlap				Registration Number, if PAC	
Street Address 809 Mayberry Lane		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City East Liverpool	State OH	Zip Code 43920	M/D/Y 9/18/2006	\$25.00	

* 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)]

Page Total:
\$1,725.00

Statement of Contributions Received

Date: 10/18/2006

Page: 9

Prescribed by Secretary of State 3/05

Name of Committee in Full:
Gill for Judae

Full Name of Contributor Catherine Ferrari				Registration Number, if PAC	
Street Address 5050 Olentangy River Road		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	M/D/Y 9/18/2006	\$25.00	
Full Name of Contributor Katherine Marshall				Registration Number, if PAC	
Street Address 72 Oakland Ave		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43201	M/D/Y 9/18/2006	\$50.00	
Full Name of Contributor Jen Sauter				Registration Number, if PAC	
Street Address 8207 Manitou Drive		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	M/D/Y 9/18/2006	\$100.00	
Full Name of Contributor Barbara Smith				Registration Number, if PAC	
Street Address 9730 Haaf Farm Drive NW		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Pickerington	State OH	Zip Code 43147	M/D/Y 9/18/2006	\$100.00	
Full Name of Contributor Michael Compton				Registration Number, if PAC	
Street Address 13157 Havens Corner		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Pataskala	State OH	Zip Code 43062	M/D/Y 9/18/2006	\$50.00	
Full Name of Contributor Terry Hood				Registration Number, if PAC	
Street Address 10021 Gehrton Road		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Conneaut Lake	State PA	Zip Code 16316	M/D/Y 9/19/2006	\$500.00	
Full Name of Contributor Carlile, Patchen & Murphy LLP				Registration Number, if PAC	
Street Address 366 E. Broad Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 9/19/2006	\$500.00	
Full Name of Contributor Tony's Fundraiser From Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Organization			Form (Cash, Check, etc.)
City	State	Zip Code 0	M/D/Y 9/21/2006	\$7350.00	

* 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)]

Page Total:
\$8,675.00

Statement of Contributions Received

Date: 10/18/2006

Page: 10

Prescribed by Secretary of State 3/05

Name of Committee in Full:

Gill for Judae

Full Name of Contributor Joseph & Joseph				Registration Number, if PAC	
Street Address 931 S. Front Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206	M/D/Y 9/25/2006	\$300.00	
Full Name of Contributor Laborers Intl Union of North America				Registration Number, if PAC #LA 912	
Street Address 620 Alum Creek Dr		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43205	M/D/Y 9/25/2006	\$500.00	
Full Name of Contributor Susan Lantz				Registration Number, if PAC	
Street Address 909 Schillingwood Drive		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	M/D/Y 9/25/2006	\$75.00	
Full Name of Contributor Julianne Biscuso				Registration Number, if PAC	
Street Address 5636 Sweetwater Valley Drive		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City New Albany	State OH	Zip Code 43054	M/D/Y 9/25/2006	\$100.00	
Full Name of Contributor George Hairston				Registration Number, if PAC	
Street Address 10933 Morse Road		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Pataskala	State OH	Zip Code 43062	M/D/Y 10/4/2006	\$100.00	
Full Name of Contributor Mark Brown				Registration Number, if PAC	
Street Address 83 Hanford St		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206	M/D/Y 10/4/2006	\$25.00	
Full Name of Contributor Craig Stout				Registration Number, if PAC	
Street Address 2985 Winthrop Rd		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Shaker Heights	State OH	Zip Code 44120	M/D/Y 10/4/2006	\$200.00	
Full Name of Contributor Frederick Meister				Registration Number, if PAC	
Street Address 150 E Mound St		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 10/4/2006	\$200.00	

* 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)]

Page Total:
\$1,500.00

Statement of Contributions Received

Date: 10/18/2006

Page: 11

Prescribed by Secretary of State 3/05

Name of Committee in Full:
Gill for Judae

Full Name of Contributor Columbus Franklin County ALF CIO PCE				Registration Number, if PAC	
Street Address 1545 Alum Creek Drive		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	M/D/Y 10/4/2006	\$200.00	
Full Name of Contributor Frederick Gittes				Registration Number, if PAC	
Street Address 723 Oak Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43205	M/D/Y 10/4/2006	\$100.00	
Full Name of Contributor Carpenters Local Union #200 PCE Entity #10288				Registration Number, if PAC #10288	
Street Address 1545 Alum Creek Drive		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	M/D/Y 10/4/2006	\$250.00	
Full Name of Contributor Anne Duffy				Registration Number, if PAC	
Street Address 3670 Milton Ave		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	M/D/Y 10/4/2006	\$25.00	
Full Name of Contributor Michael Davis				Registration Number, if PAC	
Street Address PO Box 28167		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43228	M/D/Y 10/4/2006	\$500.00	
Full Name of Contributor Stephen Daulton				Registration Number, if PAC	
Street Address 336 S High Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 10/4/2006	\$500.00	
Full Name of Contributor Ohio & Vicinity Regional Council South Central Office PAC Fund				Registration Number, if PAC #LA416	
Street Address 1394 Courtright Road		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43227	M/D/Y 10/4/2006	\$250.00	
Full Name of Contributor Daniel Gunsett				Registration Number, if PAC	
Street Address 847 Robbins Way		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	M/D/Y 10/15/2006	\$100.00	

* 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)]

Page Total:
\$1,925.00

Statement of Contributions Received

Date: 10/18/2006

Page: 12

Prescribed by Secretary of State 3/05

Name of Committee in Full:
Gill for Judae

Full Name of Contributor Charles Milless				Registration Number, if PAC	
Street Address 400 S High Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 10/15/2006	\$50.00	
Full Name of Contributor Lisa Bateson				Registration Number, if PAC	
Street Address 5601 Indian Hill Rd		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	M/D/Y 10/15/2006	\$100.00	
Full Name of Contributor Tim Gallen				Registration Number, if PAC	
Street Address 3070 Elbern Ave		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	M/D/Y 10/15/2006	\$100.00	
Full Name of Contributor Sally Rogers				Registration Number, if PAC	
Street Address 153 Chase Road		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	M/D/Y 10/15/2006	\$50.00	
Full Name of Contributor Robert Mann				Registration Number, if PAC	
Street Address 3614 Bainbridge Mills Dr		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	M/D/Y 10/15/2006	\$500.00	
Full Name of Contributor Lynn Haverick Ryan				Registration Number, if PAC	
Street Address 265 Stanbery Ave		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	M/D/Y 10/15/2006	\$100.00	
Full Name of Contributor Porter, Wright, Morris & Arthur LLP				Registration Number, if PAC	
Street Address 41 A. High Street		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M/D/Y 10/15/2006	\$500.00	
Full Name of Contributor Jean Zatezalo				Registration Number, if PAC	
Street Address 1176 Harrison Pond Dr.		Employer/Occupation/Organization			Form (Cash, Check, etc.) Check
City New Albany	State OH	Zip Code 43054	M/D/Y 10/15/2006	\$100.00	

* 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)]

Page Total:
\$1,500.00

Statement of Contributions Received

Date: 10/18/2006

Page: 13

Prescribed by Secretary of State 3/05

Name of Committee in Full:
Gill for Judae

Full Name of Contributor				Registration Number, if PAC	
Sean Mentel					
Street Address		Employer/Occupation/Organization		Form (Cash, Check, etc.)	
1629 Elmwood Ave.				Check	
City	State	Zip Code	M/D/Y		
Columbus	OH	43212	10/15/2006	\$125.00	
Friedman & Mirman					
Street Address		Employer/Occupation/Organization		Form (Cash, Check, etc.)	
				Check	
City	State	Zip Code	M/D/Y		
		0	10/15/2006	\$500.00	
Frank Cordray, Jr.					
Street Address		Employer/Occupation/Organization		Form (Cash, Check, etc.)	
96 Northwoods Blvd				Check	
City	State	Zip Code	M/D/Y		
Columbus	OH	43235	10/15/2006	\$100.00	
Janet Campbell					
Street Address		Employer/Occupation/Organization		Form (Cash, Check, etc.)	
8063 Clouse Road				Check	
City	State	Zip Code	M/D/Y		
New Albany	OH	43034	10/15/2006	\$50.00	
Bailey Cavalieri LLC Fundraiser From Form 31-E					
Street Address		Employer/Occupation/Organization		Form (Cash, Check, etc.)	
City	State	Zip Code	M/D/Y		
			10/15/06	\$500.00	
Chris Jacobs Fundraiser From Form 31-E					
Street Address		Employer/Occupation/Organization		Form (Cash, Check, etc.)	
City	State	Zip Code	M/D/Y		
			09/29/06	\$265.00	
Baker Hostetler Fundraiser From Form 31-E					
Street Address		Employer/Occupation/Organization		Form (Cash, Check, etc.)	
City	State	Zip Code	M/D/Y		
			10/10/06	\$2,000.00	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Organization		Form (Cash, Check, etc.)	
City	State	Zip Code	M/D/Y		

* 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)]

Page Total:
\$3,540.00

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor Plumbers & Pipefitters LU 189			Registration Number, if PAC #GO2001	
Street Address 1250 Kinnear Road	Employer/Occupation/Organization Union		M D Y 6/9/2006	Amount \$250.00
City Columbus	State OH	Zip Code 43212	Form Check	
Full Name of Contributor Janet Kosciak			Registration Number, if PAC	
Street Address 6471 Baffin Dr	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Dublin	State OH	Zip Code 43017	Form Check	
Full Name of Contributor Megan Dempsey			Registration Number, if PAC	
Street Address 1305 Westwood Drive	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43212	Form Check	
Full Name of Contributor Robert Farrington			Registration Number, if PAC	
Street Address 33 E. Mithoff Street	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form Check	
Full Name of Contributor Colette Compton			Registration Number, if PAC	
Street Address 2375 Sunbury Road	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43219	Form Check	
Full Name of Contributor Nancy Morrison			Registration Number, if PAC	
Street Address 3322 Cemetery Road	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$25.00
City Hilliard	State OH	Zip Code 43026	Form Check	
Full Name of Contributor David Johnson			Registration Number, if PAC	
Street Address 4441 Midvale Road	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43224	Form Check	
Full Name of Contributor Jamie Bryan			Registration Number, if PAC	
Street Address 3608 Christopher Pl	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Grove City	State OH	Zip Code 43123	Form Check	

Total Contributions this event:

\$3,870.00

Total expenditures this event:

\$362.63

Page Total:

\$575.00

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor John Conroy			Registration Number, if PAC	
Street Address 3363 Tremont Road	Employer/Occupation/Organization Attorney at Law		M D Y 6/9/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form Check	
Full Name of Contributor Marriane Macke			Registration Number, if PAC	
Street Address 370 E. Cook Road	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43214	Form Check	
Full Name of Contributor Michael Sexton			Registration Number, if PAC	
Street Address 9 Buttles Ave	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Julie Sanford			Registration Number, if PAC	
Street Address 3937 Olentangy River Road	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43214	Form Check	
Full Name of Contributor Col. Mark Anderson			Registration Number, if PAC	
Street Address 891 Ludwig Drive	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$25.00
City Gahanna	State OH	Zip Code 43230	Form Check	
Full Name of Contributor Megan Gilligan			Registration Number, if PAC	
Street Address 1420 Castelton Rd N	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form Check	
Full Name of Contributor Daniel Friend			Registration Number, if PAC	
Street Address 71 Westwood	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43214	Form Check	
Full Name of Contributor Lorie McCaughan			Registration Number, if PAC	
Street Address 5492 Red Bank Road	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Galena	State OH	Zip Code 43021	Form Check	

Total Contributions this event:

\$3,870.00

Total expenditures this event:

\$362.63

Page Total:
\$475.00

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor Tim D'Angelo			Registration Number, if PAC	
Street Address 33 E Columbus Street	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form Check	
Full Name of Contributor Craig Klein			Registration Number, if PAC	
Street Address 12442 Bentwood Farm Drive	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$200.00
City Pickerington	State OH	Zip Code 43147	Form Check	
Full Name of Contributor William Lazarow			Registration Number, if PAC	
Street Address 2116 E. 7th Street	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Tucson	State AZ	Zip Code 85719	Form Check	
* Full Name of Contributor Jerome Hammon			Registration Number, if PAC	
Street Address 951 Anthony Drive	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$150.00
City Columbus	State OH	Zip Code 43204	Form Check	
Full Name of Contributor Wayne Fisher			Registration Number, if PAC	
Street Address 1731 Ardleigh Road	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form Check	
Full Name of Contributor Will Shively			Registration Number, if PAC	
Street Address 853 North Pearl Street	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Gregg Lewis			Registration Number, if PAC	
Street Address 625 City Park	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form Check	
Full Name of Contributor Eric Martin			Registration Number, if PAC	
Street Address 1104 Carousel Ct	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$50.00
City Westerville	State OH	Zip Code 43081	Form Check	

Total Contributions this event:

\$3,870.00

Total expenditures this event:

\$362.63

Page Total:
\$750.00

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor Vorys, Seymore & Pease			Registration Number, if PAC OH 109	
Street Address 52 E Gay Street	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Ron Caldwell			Registration Number, if PAC	
Street Address 4788 Baldwin Rd	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$50.00
City Hilliard	State OH	Zip Code 43026	Form Check	
Full Name of Contributor Steve Georgeff			Registration Number, if PAC	
Street Address 655 Providence Ave	Employer/Occupation/Organization Retired		M D Y 6/9/2006	Amount \$40.00
City Columbus	State OH	Zip Code 43214	Form Cash	
Full Name of Contributor Dennis Olberding			Registration Number, if PAC	
Street Address 7627 Tenburg Drive	Employer/Occupation/Organization		M D Y 6/9/2006	Amount \$40.00
City Dublin	State OH	Zip Code 43017	Form Cash	
Full Name of Contributor Ellen Dorle			Registration Number, if PAC	
Street Address 7957 Olentangy River Rd	Employer/Occupation/Organization CFP		M D Y 6/9/2006	Amount \$40.00
City Columbus	State OH	Zip Code 43235	Form Cash	
Full Name of Contributor Post-Primary Contributions			Registration Number, if PAC	
Street Address	Employer/Occupation/Organization		M D Y	Amount \$1,400.00
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:

\$3,870.00

Total expenditures this event:

\$362.63

**Page Total:
\$2,070.00**

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 FROM FORM 31-J-1				M	D	Y	Amount
				0	6	0	362.63
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				
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.

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor Rebecca Ball			Registration Number, if PAC	
Street Address 786 Crest Way Drive	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form Check	
Full Name of Contributor Rose Webster			Registration Number, if PAC	
Street Address 829 Katherine Wood	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form Check	
Full Name of Contributor Ann Dickerson			Registration Number, if PAC	
Street Address 842 Kathernie Wood Drive	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$75.00
City Columbus	State OH	Zip Code 43235	Form Check	
Full Name of Contributor Jill Gigliotti			Registration Number, if PAC	
Street Address 8027 Schoolside Drive	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$25.00
City Westerville	State OH	Zip Code 43081	Form Check	
Full Name of Contributor Randall Anstine			Registration Number, if PAC	
Street Address 6735 Elmers Ct	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$200.00
City Worthington	State OH	Zip Code 43085	Form Check	
Full Name of Contributor Susan Kirkland			Registration Number, if PAC	
Street Address 225 W Third Ave	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43201	Form Check	
Full Name of Contributor Bonnie Johrendt			Registration Number, if PAC	
Street Address 42 Park Drive	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$250.00
City Columbus	State OH	Zip Code 43209	Form Check	
Full Name of Contributor Patricia Karshner			Registration Number, if PAC	
Street Address 6021 Winstead Road	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form Check	

Total Contributions this event:

\$1,100.00

Total expenditures this event:

\$501.54

Page Total:
\$950.00

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: Gill for Judge				
Full Name of Contributor Thomas Vadakin			Registration Number, if PAC	
Street Address 4125 Oxford Drive	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$50.00
City Upper Arlington	State OH	Zip Code 43220	Form Check	
Full Name of Contributor Williard Fitzpatrick			Registration Number, if PAC	
Street Address 847 Katherine Wood	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form Check	
Full Name of Contributor Richard Greiner			Registration Number, if PAC	
Street Address 835 Katherine Wood	Employer/Occupation/Organization		M D Y 6/11/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Organization		M D Y	Amount
City	State	Zip Code 0	Form	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Organization		M D Y	Amount
City	State	Zip Code 0	Form	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Organization		M D Y	Amount
City	State	Zip Code 0	Form	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Organization		M D Y	Amount
City	State	Zip Code 0	Form	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Organization		M D Y	Amount
City	State	Zip Code 0	Form	

Total Contributions this event:

\$1,100.00

Total expenditures this event:

\$501.54

Page Total:

\$150.00

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 FROM FORM 31-J-1				M	D	Y	Amount
				0	6	11	501.54
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				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount

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.

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: Gill for Judge				Registration Number, if PAC	
Full Name of Contributor Teresa Edwards				Registration Number, if PAC	
Street Address PO Box 126		Employer/Occupation/Organization Private Investigator		M D Y 7/14/2006	Amount \$50.00
City Galloway	State OH	Zip Code 43119	Form Check		
Full Name of Contributor Jerome Friedman				Registration Number, if PAC	
Street Address 332 Cliffside Drive		Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43202	Form Check		
Full Name of Contributor Stephen Weithman				Registration Number, if PAC	
Street Address 178 W. Heffner Street		Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$150.00
City Delaware	State OH	Zip Code 43015	Form Check		
Full Name of Contributor Denise Mirman				Registration Number, if PAC	
Street Address 1446 Briarmeadow Drive		Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$150.00
City Columbus	State OH	Zip Code 43235	Form Check		
Full Name of Contributor Leighann Poplaski				Registration Number, if PAC	
Street Address 1790 Northwest Blvd		Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43212	Form Check		
Full Name of Contributor Sue Roark				Registration Number, if PAC	
Street Address 1970 Cardigan Ave.		Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$500.00
City Columbus	State OH	Zip Code 43212	Form Check		
Full Name of Contributor Otto Beatty III				Registration Number, if PAC	
Street Address 600 South Grant Ave		Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$75.00
City Columbus	State OH	Zip Code 43206	Form Check		
Full Name of Contributor * Patrick Hamilton				Registration Number, if PAC	
Street Address 400 S. 5th Street		Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form Check		

Total Contributions this event:

\$4,750.00

Total expenditures this event:

\$1962.00

Page Total:

\$1,125.00

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor Jennifer Hanysh			Registration Number, if PAC	
Street Address 544 S. Front Street	Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Angela Miller			Registration Number, if PAC	
Street Address 1981 Andover Road	Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$65.00
City Columbus	State OH	Zip Code 43212	Form Check	
Full Name of Contributor Edward Whipps			Registration Number, if PAC	
Street Address 51 Highland Court	Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$500.00
City Pataskala	State OH	Zip Code 43062	Form Check	
Full Name of Contributor Kathryn Koch			Registration Number, if PAC	
Street Address 59 W. Livingston Ave	Employer/Occupation/Organization Private Investigator		M D Y 7/14/2006	Amount \$35.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Timothy Madison			Registration Number, if PAC	
Street Address 2753 Sherwood Road	Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$100.00
City Bexley	State OH	Zip Code 43209	Form Check	
Full Name of Contributor Jeffrey Grossman			Registration Number, if PAC	
Street Address 2696 Fair Ave	Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$500.00
City Columbus	State OH	Zip Code 43209	Form Check	
Full Name of Contributor Suzanne Cenci			Registration Number, if PAC	
Street Address 295 Fairlawn Drive	Employer/Occupation/Organization Retired		M D Y 7/14/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43214	Form Check	
Full Name of Contributor Dennis Pusateri			Registration Number, if PAC	
Street Address 28 W. Henderson Road	Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43214	Form Check	

Total Contributions this event:

\$4,750.00

Total expenditures this event:

\$1962.00

Page Total:

\$1,350.00

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full:				
Gill for Judge				
Full Name of Contributor			Registration Number, if PAC	
Tim D'Angelo				
Street Address	Employer/Occupation/Organization		M D Y	Amount
33 E. Columbus Street	Via Media		7/14/2006	\$50.00
City	State	Zip Code	Form	
Columbus	OH	43206	Check	
Full Name of Contributor			Registration Number, if PAC	
Douglas Whaley				
Street Address	Employer/Occupation/Organization		M D Y	Amount
27 Highland Ave	Retired Prof.		7/14/2006	\$100.00
City	State	Zip Code	Form	
Worthington	OH	43085	Check	
Full Name of Contributor			Registration Number, if PAC	
Tyack, Blackmore & Liston Co., LPA				
Street Address	Employer/Occupation/Organization		M D Y	Amount
536 S. High Street	Attorney at Law		7/14/2006	\$50.00
City	State	Zip Code	Form	
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Cheryl Pentella				
Street Address	Employer/Occupation/Organization		M D Y	Amount
373 W. Hubbard Ave.	Marketing business		7/14/2006	\$50.00
City	State	Zip Code	Form	
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
* Jeffrey Brown				
Street Address	Employer/Occupation/Organization		M D Y	Amount
580 S. High Street	Attorney at Law		7/14/2006	\$100.00
City	State	Zip Code	Form	
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Trevor Clark				
Street Address	Employer/Occupation/Organization		M D Y	Amount
1751 Ashland Avenue	Attorney at Law		7/14/2006	\$50.00
City	State	Zip Code	Form	
Upper Arlington	OH	43212	Check	
Full Name of Contributor			Registration Number, if PAC	
Anthony Roseboro				
Street Address	Employer/Occupation/Organization		M D Y	Amount
1143 Summer Hill Circle	Teacher		7/14/2006	\$50.00
City	State	Zip Code	Form	
Gahanna	OH	43230	Check	
Full Name of Contributor			Registration Number, if PAC	
Dale Yurovich				
Street Address	Employer/Occupation/Organization		M D Y	Amount
5 E.Long Street	Attorney at Law		7/14/2006	\$100.00
City	State	Zip Code	Form	
Columbus	OH	43215	Check	

Total Contributions this event:

\$4,750.00

Total expenditures this event:

\$1962.00

Page Total:
\$550.00

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor Chester, Willcox & Saxbe			Registration Number, if PAC 04843	
Street Address 65 E. State Street	Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Robert Koblentz			Registration Number, if PAC	
Street Address 2205 Fairfax Road	Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$150.00
City Columbus	State OH	Zip Code 43221	Form Check	
Full Name of Contributor Alyson Miller			Registration Number, if PAC	
Street Address 767 N. High Street	Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Anthony Law Offices			Registration Number, if PAC	
Street Address 555 South Front Street	Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Dennis Horvath			Registration Number, if PAC	
Street Address 1970 Waterbrook Lane	Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43209	Form Check	
Full Name of Contributor Michael Rourke			Registration Number, if PAC	
Street Address 2339 North 3 B's & K Road	Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$200.00
City Sunbury	State OH	Zip Code 43074	Form Check	
Full Name of Contributor Melinda Dugan			Registration Number, if PAC	
Street Address 500 S. Fourth Street	Employer/Occupation/Organization Office Manager		M D Y 7/14/2006	Amount \$500.00
City Columbus	State OH	Zip Code 43206	Form Check	
Full Name of Contributor Sheryl Williams			Registration Number, if PAC	
Street Address 658 Bugle Court	Employer/Occupation/Organization Retired		M D Y 7/14/2006	Amount \$25.00
City Gahanna	State OH	Zip Code 43230	Form Check	

Total Contributions this event:

\$4,750.00

Total expenditures this event:

\$1962.00

Page Total:
\$1,125.00

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor Christopher Cicero			Registration Number, if PAC	
Street Address 1308 W. Mound Street	Employer/Occupation/Organization Attorney at Law		M D Y 7/14/2006	Amount \$150.00
City Columbus	State OH	Zip Code 43223	Form Check	
Full Name of Contributor Anonymous			Registration Number, if PAC	
Street Address	Employer/Occupation/Organization		M D Y 7/14/2006	Amount \$20.00
City	State	Zip Code 0	Form Check	
Full Name of Contributor 10 Cash Tickets @\$25.00			Registration Number, if PAC	
Street Address	Employer/Occupation/Organization		M D Y 7/14/2006	Amount \$250.00
City	State	Zip Code 0	Form Check	
Full Name of Contributor Patricia Silbach			Registration Number, if PAC	
Street Address 1051 Summit Street	Employer/Occupation/Organization have no idea		M D Y 7/14/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43201	Form Check	
Full Name of Contributor Jen Sauter			Registration Number, if PAC	
Street Address 8207 Manitou Drive	Employer/Occupation/Organization wonderful		M D Y 7/14/2006	Amount \$130.00
City Westerville	State OH	Zip Code 43081	Form Check	
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:

\$4,750.00

Total expenditures this event:

\$1962.00

Page Total:
\$600.00

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 FROM FORM 31-J-1					M	D	Y	Amount			
					0	7	3	1	0	6	1,962.00
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						
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			

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.

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor Cathy Worley			Registration Number, if PAC	
Street Address 12508 S. Perry Road	Employer/Occupation/Organization Attorney at Law		M D Y 7/20/2006	Amount \$300.00
City Laurelville	State OH	Zip Code 43135	Form Check	
Full Name of Contributor Bergman & Yiangou			Registration Number, if PAC	
Street Address 3099 Sullivant Ave.	Employer/Occupation/Organization Attorney at Law		M D Y 7/20/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43204	Form Check	
Full Name of Contributor Sharon Wright			Registration Number, if PAC	
Street Address 10428 Masters Drive	Employer/Occupation/Organization		M D Y 7/20/2006	Amount \$250.00
City Union	State KY	Zip Code 41091	Form Check	
Full Name of Contributor Garnet Serrott			Registration Number, if PAC	
Street Address 3650 Perennial Lane	Employer/Occupation/Organization		M D Y 7/20/2006	Amount \$250.00
City Powell	State OH	Zip Code 43065	Form Check	
Full Name of Contributor Cannizzaro, Fraser, Bridges, Jillisky & Streng, LLC			Registration Number, if PAC	
Street Address 302 S. Main Street	Employer/Occupation/Organization Attorney at Law		M D Y 7/20/2006	Amount \$500.00
City Marysville	State OH	Zip Code 43040	Form Check	
Full Name of Contributor John Bates			Registration Number, if PAC	
Street Address 495 S. High Street	Employer/Occupation/Organization Attorney at Law		M D Y 8/1/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Gloria Absi			Registration Number, if PAC	
Street Address 3790 Old 3C Highway	Employer/Occupation/Organization Sole Proprietor		M D Y 8/1/2006	Amount \$250.00
City Galena	State OH	Zip Code 43021	Form Check	
Full Name of Contributor Gary Lyons			Registration Number, if PAC	
Street Address 336 S. High Street	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form Check	

Total Contributions this event:

\$3,500.00

Total expenditures this event:

\$1,000.00

Total this Page:
\$1,800.00

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor Joe Bricker			Registration Number, if PAC	
Street Address 840 Preston Avenue	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form Check	
Full Name of Contributor Greg Tipton			Registration Number, if PAC	
Street Address 2612 Woodley Road	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43231	Form Check	
Full Name of Contributor Mark Taggart			Registration Number, if PAC	
Street Address 2089 Guilford Road	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$75.00
City Columbus	State OH	Zip Code 43221	Form Check	
Full Name of Contributor Suzanne Stasiewicz			Registration Number, if PAC	
Street Address 5969 E. Livingston Avenue	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43232	Form Check	
Full Name of Contributor Richard Pfeifer			Registration Number, if PAC	
Street Address 238 E. Royal Forest Blvd.	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43214	Form Check	
Full Name of Contributor Jacqueline Hunt			Registration Number, if PAC	
Street Address 53-B S. 9th Street	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$15.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Dennis Horvath, III			Registration Number, if PAC	
Street Address 1970 Waterbrook Lane	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43209	Form Check	
Full Name of Contributor Robin Murphy			Registration Number, if PAC	
Street Address 336 Linwood Avenue	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$25.00
City Columbus	State OH	Zip Code 43205	Form Check	

Total Contributions this event:

\$3,500.00

Total expenditures this event:

\$1,000.00

Total this Page:
\$515.00

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor Jack Tarpey			Registration Number, if PAC	
Street Address 265 E. Livingston Ave.	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Joseph Reed			Registration Number, if PAC	
Street Address 713 S. Front Street	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form Check	
Full Name of Contributor Catherine Bruce			Registration Number, if PAC	
Street Address 3492 Woodlawn Ave.	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$100.00
City Grove City	State OH	Zip Code 43123	Form Check	
Full Name of Contributor Tim D'Angelo			Registration Number, if PAC	
Street Address 33 E. Columbus Street	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form Check	
Full Name of Contributor Lori Shultz			Registration Number, if PAC	
Street Address 4085 Etna Street	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$25.00
City Columbus	State OH	Zip Code 43213	Form Check	
Full Name of Contributor Jennifer Hanysh			Registration Number, if PAC	
Street Address 544 S. Front Street	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 Jay Moreland			Registration Number, if PAC	
Street Address 5137 Phillips Run	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$30.00
City Canal Winchester	State OH	Zip Code 43110	Form Check	
Full Name of Contributor Geoffrey Bobbitt			Registration Number, if PAC	
Street Address 5513 Headleys Mill Road SW	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$35.00
City Pataskala	State OH	Zip Code 43062	Form Check	

Total Contributions this event:

\$3,500.00

Total expenditures this event:

\$1,000.00

Total this Page:
\$365.00

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: Gill for Judge				
Full Name of Contributor Eileen Paley			Registration Number, if PAC	
Street Address 668 Bellamy Pl.	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43213	Form Check	
Full Name of Contributor Lesley Ashworth			Registration Number, if PAC	
Street Address 306 Kenbrook Drive	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form Check	
Full Name of Contributor Elizabeth McNellie			Registration Number, if PAC	
Street Address 4454 Middle Aspinwall	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form Check	
Full Name of Contributor Mike Yemc			Registration Number, if PAC	
Street Address 600 S. High Street	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Lynn Ochsendorf			Registration Number, if PAC	
Street Address 579 Maplewood Ave	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$50.00
City Whitehall	State OH	Zip Code 43213	Form Check	
Full Name of Contributor Eugene Butler			Registration Number, if PAC	
Street Address 326 S. High Street; Ste 400	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Kravitz & Kravitz			Registration Number, if PAC	
Street Address 145 E. Rich Street	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Tom Nagel			Registration Number, if PAC	
Street Address 490 City Park Ave.	Employer/Occupation/Organization		M D Y 8/3/2006	Amount \$75.00
City Columbus	State OH	Zip Code 43215	Form Check	

Total Contributions this event:

\$3,500.00

Total expenditures this event:

\$1,000.00

Total this Page:
\$475.00

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: Gill for Judge				
Full Name of Contributor Jennifer Farmer			Registration Number, if PAC	
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 Fred Kilgust			Registration Number, if PAC	
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. 9th 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, if PAC	
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 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:

\$1,000.00

Total this Page:

\$345.00

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 FROM FORM 31-J-1				M	D	Y	Amount
				0	8	0	1,069.39
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				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount

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.

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: Gill for Judge				
Full Name of Contributor Lesley Ashworth			Registration Number, if PAC	
Street Address 306 Kenbrook Drive	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form Check	
Full Name of Contributor David Barker			Registration Number, if PAC	
Street Address 88 Bishop Square	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form Check	
Full Name of Contributor Kirsten Barrett			Registration Number, if PAC	
Street Address 3063 Loire Lane	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form Check	
Full Name of Contributor Paul Brown			Registration Number, if PAC	
Street Address 4634 Kingston Ct	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form Check	
Full Name of Contributor Elizabeth Cabot			Registration Number, if PAC	
Street Address 258 Winthrop Road	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$200.00
City Columbus	State OH	Zip Code 43214	Form Check	
Full Name of Contributor Eric Carmichael			Registration Number, if PAC	
Street Address 1299 Brookwood Place	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$150.00
City Columbus	State OH	Zip Code 43209	Form Check	
Full Name of Contributor Randall Craycraft			Registration Number, if PAC	
Street Address 3419 River Seine St	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form Check	
Full Name of Contributor Lisa Eschleman			Registration Number, if PAC	
Street Address 2141 Crimson Ct	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form Check	

Total Contributions this event:

\$3,500.00

Total expenditures this event:

\$594.00

Page Total:

\$900.00

Statement of Contributions Received at a Social Event or Fundraiser

Prescribed by Secretary of State 3/05

Name of Committee in Full: Gill for Judge				
Full Name of Contributor Richard Esler			Registration Number, if PAC	
Street Address 5602 Brighton Hill Lane	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form Check	
Full Name of Contributor Megan Gilligan			Registration Number, if PAC	
Street Address 1420 Castleton Road N	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form Check	
Full Name of Contributor Mary Jo Green			Registration Number, if PAC	
Street Address 155 W. Main Street	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form Check	
* Full Name of Contributor Jerry Hammond			Registration Number, if PAC	
Street Address 137 E. State Street	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form Check	
Full Name of Contributor Chris Harbold			Registration Number, if PAC	
Street Address 2390 Wenbury Road	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form Check	
Full Name of Contributor Daniel Helmick			Registration Number, if PAC	
Street Address 2050 Ellington Road	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form Check	
Full Name of Contributor James Henderson			Registration Number, if PAC	
Street Address 4880 Harlem Road	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$100.00
City Galena	State OH	Zip Code 43021	Form Check	
Full Name of Contributor Jeri Hendricks			Registration Number, if PAC	
Street Address 1154 Broadview Ave	Employer/Occupation/Organization		M D Y 8/20/2006	Amount \$50.00
City Grandview Heights	State OH	Zip Code 43212	Form Check	

Total Contributions this event:

\$3,500.00

Total expenditures this event:

\$594.00

Page Total:
\$600.00

