

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 Giusti | | | Registration Number, if PAC | |
| Street Address 1763 Hickory Hill Dr | Employer/Occupation/Organization | | M D Y 10/10/2006 | Amount \$100.00 |
| City Columbus | State OH | Zip Code 43228 | Form Check | |
| Full Name of Contributor Rodger Eckelberry | | | Registration Number, if PAC | |
| Street Address 1035 Grandon Ave | Employer/Occupation/Organization | | M D Y 10/10/2006 | Amount \$100.00 |
| City Bexley | State OH | Zip Code 43209 | Form Check | |
| Full Name of Contributor Mark Senff | | | Registration Number, if PAC | |
| Street Address 6435 Meadowbrook Circle | Employer/Occupation/Organization | | M D Y 10/10/2006 | Amount \$100.00 |
| City Worthington | State OH | Zip Code 43085 | Form Check | |
| Full Name of Contributor Sherri Blank Lazear | | | Registration Number, if PAC | |
| Street Address 258 Parkview Ave | Employer/Occupation/Organization | | M D Y 10/10/2006 | Amount \$200.00 |
| City Bexley | State OH | Zip Code 43209 | Form Check | |
| Full Name of Contributor Alec Wightman | | | Registration Number, if PAC | |
| Street Address 184 E. Beck St | Employer/Occupation/Organization | | M D Y 10/10/2006 | Amount \$300.00 |
| City Columbus | State OH | Zip Code 43206 | Form Check | |
| Full Name of Contributor Ronald Linville | | | Registration Number, if PAC | |
| Street Address 2371 Sandover Road | Employer/Occupation/Organization | | M D Y 10/10/2006 | Amount \$300.00 |
| City Columbus | State OH | Zip Code 43220 | 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 | |

Total Contributions this event:

\$2,000.00

Total expenditures this event:

\$600.00Page Total:
\$1,100.00