

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full GILL FOR JUDGE							
Full Name Elizabeth Gill				Registration Number, if PAC			
Address 90 E. Mithoff		Type* L N		M 0	D 7	Y 2006	Amount 1,046.68
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Credit			
Full Name Elizabeth Gill				Registration Number, if PAC			
Address 90 E. Mithoff		Type* L N		M 0	D 8	Y 0706	Amount 112.52
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Credit			
Full Name Elizabeth Gill				Registration Number, if PAC			
Address 90 E. Mithoff		Type* L N		M 0	D 9	Y 1206	Amount 6,400.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name Elizabeth Gill				Registration Number, if PAC			
Address 90 E. Mithoff		Type* L N		M 0	D 7	Y 0206	Amount 267.21
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name Elizabeth Gill				Registration Number, if PAC			
Address 90 E. Mithoff		Type* L N		M 0	D 7	Y 1306	Amount 293.56
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Credit			
Full Name Elizabeth Gill				Registration Number, if PAC			
Address 90 E. Mithoff		Type* L N		M 0	D 7	Y 0506	Amount 72.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Credit			
Full Name Elizabeth Gill				Registration Number, if PAC			
Address 90 E. Mithoff		Type* L N		M 0	D 7	Y 2806	Amount 1,326.55
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Credit			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 9,518.52