

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Gwen Callender for Judge							
Full Name of Contributor		Registration Number, if PAC					
Bricker & Eckler LLP State Political Action Committee		OH 821					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
100 South Third Street	Dublin City School/Teache		0	6	13	113	50.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43215	Check				
Full Name of Contributor		Registration Number, if PAC					
Brian P Hunt		OH 821					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
4457 Knickel Drive	Dublin City School/Teache		0	6	13	113	75.00
City	State	Zip Code	Form(Cash,Check,etc)				
Hilliard	O H	43026	Check				
Full Name of Contributor		Registration Number, if PAC					
J Robert Darrow		OH 821					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
6461 Greenstone Loop	Ruscilli Construction/VP		0	6	13	113	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Dublin	O H	43016	Check				
Full Name of Contributor		Registration Number, if PAC					
Joanna L Ellison		OH 821					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
6235 Craughwell Lane	Easy IT/Consultant		0	6	13	113	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Dublin	O H	43017	Check				
Full Name of Contributor		Registration Number, if PAC					
James A Davis		OH 821					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
5710 Langhorn Drive	Dublin City School/Teache		0	6	13	113	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O H	43235	Check				
Full Name of Contributor		Registration Number, if PAC					
Stephen L Osborne		OH 821					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
6060 Kentigern Court North	Dublin City School/Treasu		0	6	13	113	100.00
City	State	Zip Code	Form(Cash,Check,etc)				
Dublin	O H	43017	Check				
Full Name of Contributor		Registration Number, if PAC					
Friends of Chris Valentine		OH 821					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
3913 Tramore Dr.	Dublin City School/Teache		0	6	13	113	500.00
City	State	Zip Code	Form(Cash,Check,etc)				
Dublin	O H	43016	Check				

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,025.00