

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge				
Full Name of Contributor Jen Stack			Registration Number, if PAC	
Street Address 3205 Middleboro Way	Employer/Occupation/Labor Organization*		M D Y 1 0 2 1 3	Amount 20.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Cash	
Full Name of Contributor Tom Roberts			Registration Number, if PAC	
Street Address 233 West Lakeview	Employer/Occupation/Labor Organization*		M D Y 1 0 2 1 3	Amount 20.00
City Columbus	State O H	Zip Code 43202	Form(Cash,Check,etc) Cash	
Full Name of Contributor Debbie Robert			Registration Number, if PAC	
Street Address 233 West Lakeview	Employer/Occupation/Labor Organization*		M D Y 1 0 2 1 3	Amount 20.00
City Columbus	State O H	Zip Code 43202	Form(Cash,Check,etc) Cash	
Full Name of Contributor Evelyn D Zingaro			Registration Number, if PAC	
Street Address 4024 Shireton Drive	Employer/Occupation/Labor Organization*		M D Y 1 0 2 1 3	Amount 25.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check	
Full Name of Contributor Ruth A Farthing			Registration Number, if PAC	
Street Address 602 East Weisheimer Road	Employer/Occupation/Labor Organization*		M D Y 1 0 2 1 3	Amount 25.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Stacie A Baker			Registration Number, if PAC	
Street Address 698 Thurber Dr W, Apt A4	Employer/Occupation/Labor Organization*		M D Y 1 0 2 1 3	Amount 25.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard E Graham			Registration Number, if PAC	
Street Address 315 Blandford Drive	Employer/Occupation/Labor Organization*		M D Y 1 0 2 1 3	Amount 25.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) 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 \$ 160.00