

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Gwen Callender for Judge			
Full Name of Contributor Noreen Marando		Registration Number, if PAC	
Street Address 4168 Bangle Court	Employer/Occupation/Labor Organization*	M   D   Y 0   9   2   4   1   3	Amount 30.00
City Dublin	State   Zip Code O   H   43016	Form(Cash,Check,etc) Check	
Full Name of Contributor Kristina L Meyer		Registration Number, if PAC	
Street Address 3734 Bluff Drive	Employer/Occupation/Labor Organization*	M   D   Y 0   9   2   4   1   3	Amount 30.00
City Lewis Center	State   Zip Code O   H   43035	Form(Cash,Check,etc) Check	
Full Name of Contributor Elizabeth Adams		Registration Number, if PAC	
Street Address 9417 Waynebrown Drive	Employer/Occupation/Labor Organization*	M   D   Y 0   9   2   4   1   3	Amount 30.00
City Powell	State   Zip Code O   H   43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Katharine W Harter		Registration Number, if PAC	
Street Address 7825 Holiston Court	Employer/Occupation/Labor Organization*	M   D   Y 0   9   2   4   1   3	Amount 50.00
City Dublin	State   Zip Code O   H   43016	Form(Cash,Check,etc) Check	
Full Name of Contributor Joni Languis		Registration Number, if PAC	
Street Address 2423 Wyncourtney Court	Employer/Occupation/Labor Organization*	M   D   Y 0   9   2   4   1   3	Amount 50.00
City Powell	State   Zip Code O   H   43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Lynn B May		Registration Number, if PAC	
Street Address 5247 Reddington Drive	Employer/Occupation/Labor Organization* Dublin Springs/Office Mar	M   D   Y 0   9   2   4   1   3	Amount 50.00
City Dublin	State   Zip Code O   H   43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Carol J Wiltse		Registration Number, if PAC	
Street Address 9237 Lerwick Drive	Employer/Occupation/Labor Organization*	M   D   Y 0   9   2   4   1   3	Amount 50.00
City Dublin	State   Zip Code O   H   43017	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 \$ 290.00