

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge							
Full Name of Contributor Dee Anna Chickerella					Registration Number, if PAC		
Street Address 9496 Emerson Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1 0	D 1 2	Y 1 3	Amount 50.00	
Full Name of Contributor Jason McDonald					Registration Number, if PAC		
Street Address 1165 Blois Drive		Employer/Occupation/Labor Organization* FOP of Ohio/President			Form (Cash, Check, etc.) Check		
City Marion	State O H	Zip Code 43302	M 1 0	D 1 2	Y 1 3	Amount 150.00	
Full Name of Contributor Kay E Cremeans					Registration Number, if PAC		
Street Address 5699 Saint Paul Road		Employer/Occupation/Labor Organization* FOP/OLC Inc/ Attorney			Form (Cash, Check, etc.) Check		
City Ashville	State O H	Zip Code 43103	M 1 0	D 1 2	Y 1 3	Amount 200.00	
Full Name of Contributor Jeffrey D Mackey					Registration Number, if PAC		
Street Address 1538 Melrose Avenue		Employer/Occupation/Labor Organization* Fusco Mackey Matthews/ Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43224	M 1 0	D 1 6	Y 1 3	Amount 50.00	
Full Name of Contributor James V Battigaglia					Registration Number, if PAC		
Street Address 8879 Schrockton Street		Employer/Occupation/Labor Organization* Archer Co/Regional Director			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1 0	D 1 6	Y 1 3	Amount 100.00	
Full Name of Contributor IBEW PAC Voluntary Fund					Registration Number, if PAC C00027342		
Street Address 900 Seventh Street NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Washington	State D C	Zip Code 20001	M 1 0	D 1 6	Y 1 3	Amount 500.00	
Full Name of Contributor Columbus Firefighters Union L-67 PAC Fund					Registration Number, if PAC LA 839		
Street Address 1380 Dublin Road, Suite 103		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 6	Y 1 3	Amount 1,500.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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))