

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				Registration Number, if PAC		
Cathy Collins-Taylor						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1643 Demaret Lane	Franklin Co/ Com Based C		0	3	13	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43228	Check			
Full Name of Contributor				Registration Number, if PAC		
Catherine A Brockman						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
765 Lakeview Drive	FOP of Ohio/Ohio Labor C		0	3	13	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
West Jefferson	OH	43162	Check			
Full Name of Contributor				Registration Number, if PAC		
Charles M Choate						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1778 Northampton Road, Apt E2	FOP/Staff Rep		0	4	13	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
Akron	OH	44313	Check			
Full Name of Contributor				Registration Number, if PAC		
Michelle R Evans						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
8507 Trail Lake Drive			0	4	13	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
Powell	OH	43065	Check			
Full Name of Contributor				Registration Number, if PAC		
Aaron Crawford						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
180 Woodsvie Drive			0	4	13	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Canal Winchester	OH	43110	Check			
Full Name of Contributor				Registration Number, if PAC		
Wesley H Elson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2289 Adamsville Road			0	4	13	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Zanesville	OH	43701	Check			
Full Name of Contributor				Registration Number, if PAC		
Joel R Barden						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
460 S Ogden Ave	None/Retired		0	4	13	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43204	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 \$ 725.00