

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Gwen Callender for Judge</b>					
Full Name of Contributor <b>John D Koehn</b>				Registration Number, if PAC	
Street Address <b>1190 Rosedale Road</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>2</b>
City <b>Irwin</b>	State <b>OH</b>	Zip Code <b>43029</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Cynthia R Barker</b>				Registration Number, if PAC	
Street Address <b>2441 Worthingtonwoods Blvd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>2</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Lori Kannapel Mooney</b>				Registration Number, if PAC	
Street Address <b>6311 Shaftsbury Lane</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>2</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	Amount <b>60.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Joseph A McKinlev</b>				Registration Number, if PAC	
Street Address <b>3111 Aleshire Drive</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>2</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	Amount <b>75.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>James Battigaglia</b>				Registration Number, if PAC	
Street Address <b>8879 Shrockton Street</b>	Employer/Occupation/Labor Organization* <b>Archer Co/Reg Director</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Amount <b>100.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Mary K Jackson</b>				Registration Number, if PAC	
Street Address <b>7826 Holiston Court</b>	Employer/Occupation/Labor Organization* <b>Self/Speech Pathologist</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43016</b>	Amount <b>100.00</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Nancy E Hubschman</b>				Registration Number, if PAC	
Street Address <b>7850 Sarbury Drive</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>0</b>	Y <b>0</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43016</b>	Amount <b>50.00</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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 \$ 485.00