

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 Jack W Decker				Registration Number, if PAC	
Street Address 1077 Neil Avenue	Employer/Occupation/Labor Organization*		M 0	D 8	Y 13
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Carol S Young				Registration Number, if PAC	
Street Address 765 Collingwood Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 13
City Westerville	State O	Zip Code 43081	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor John P Kennedy /Crabbe Brown & James				Registration Number, if PAC	
Street Address 500 South Front Street, Suite 1200	Employer/Occupation/Labor Organization*		M 0	D 8	Y 13
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Louis W Capobianco				Registration Number, if PAC	
Street Address 7649 Toweron Lane	Employer/Occupation/Labor Organization*		M 0	D 8	Y 13
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Citizens to Elect Mike Schadek				Registration Number, if PAC	
Street Address 1537 Guilford Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 13
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor R Kevin Kerns				Registration Number, if PAC	
Street Address 1902 Lake Shore Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 13
City Columbus	State O	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Friends of John O'Grady Committee				Registration Number, if PAC	
Street Address 545 East Town Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00

* 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 \$ 750.00