

## 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>Michael R Wehner</b>			Registration Number, if PAC	
Street Address <b>3162 Lorne Scots Avenue</b>	Employer/Occupation/Labor Organization* <b>Insphere Ins/Sales</b>		M   D   Y <b>0   8   3   1   1   3</b>	Amount <b>100.00</b>
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Roxane M Wehner</b>			Registration Number, if PAC	
Street Address <b>3162 Lorne Scots Avenue</b>	Employer/Occupation/Labor Organization* <b>Dublin City Sch/Transport</b>		M   D   Y <b>0   8   3   1   1   3</b>	Amount <b>100.00</b>
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Jeffrey K Bradlev</b>			Registration Number, if PAC	
Street Address <b>PO Box 485</b>	Employer/Occupation/Labor Organization* <b>Ashtabula Police/ Aux Serg</b>		M   D   Y <b>0   8   3   1   1   3</b>	Amount <b>100.00</b>
City <b>Ashtabula</b>	State <b>O   H</b>	Zip Code <b>44005</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Friends of Donna O'Connor</b>			Registration Number, if PAC	
Street Address <b>5065 Winchell Court</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   3   1   1   3</b>	Amount <b>250.00</b>
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y <b>     </b>	Amount
City	State <b> </b>	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y <b>     </b>	Amount
City	State <b> </b>	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y <b>     </b>	Amount
City	State <b> </b>	Zip Code	Form(Cash,Check,etc)	

\* 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 \$ 550.00