

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Gwen Callender									
Full Name of Contributor David Young						Registration Number, if PAC			
Street Address 29 Deepwood Ln.			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check		
City Norwalk		State CT	Zip Code 06854		M 0	D 9	Y 1	Amount \$50.00	
Full Name of Contributor Patricia Riggs						Registration Number, if PAC			
Street Address 436 Bonzo Rd			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check		
City Ironton		State OH	Zip Code 45638		M 0	D 9	Y 2	Amount \$25.00	
Full Name of Contributor Paul Priesand, DDS						Registration Number, if PAC			
Street Address 1450 Som Center Road - suite 27			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check		
City Mayfield Heights		State OH	Zip Code 44124		M 0	D 9	Y 2	Amount \$25.00	
Full Name of Contributor Kay Cremeans						Registration Number, if PAC			
Street Address 5699 Saint Paul Road			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check		
City Ashville		State OH	Zip Code 43103		M 0	D 9	Y 2	Amount \$100.00	
Full Name of Contributor Thomas Reid						Registration Number, if PAC			
Street Address 5738 Whitecraigs Ct.			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check		
City Dublin		State OH	Zip Code 43017		M 0	D 8	Y 0	Amount \$100.00	
Full Name of Contributor Patrick Doyle						Registration Number, if PAC			
Street Address 5425 N Meadows Blvd			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43229		M 0	D 8	Y 0	Amount \$50.00	
Full Name of Contributor W Doyle						Registration Number, if PAC			
Street Address 1970 Jewett Road			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check		
City Powell		State OH	Zip Code 43065		M 0	D 8	Y 0	Amount \$50.00	
Full Name of Contributor Paul Cox						Registration Number, if PAC			
Street Address 11552 Huntington Way			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) check		
City Pickerington		State OH	Zip Code 43147		M 0	D 8	Y 0	Amount \$200.00	

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$600.00**