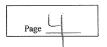
Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Gwen Callender				
Full Name of Contributor			Registration Number, if PAC	
David Young				
Street Address 29 Deepwood Ln.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Norwalk	State CT	Zip Code 06854	0 9 1 8 0 9	Amount \$50.00
Full Name of Contributor			Registration Number, if	PAC
Patricia Riggs				
Street Address 436 Bonzo Rd	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
Ironton	OH	45638	0 9 2 4 0 9	\$25.00
Full Name of Contributor Paul Priesand, DDS			Registration Number, if PAC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
1450 Som Center Road - suite 27	Clark	7. 6.4	1 M 1 D 1 M	check
City Mayfield Heights	OH State	Zip Code 44124	$\begin{bmatrix} 0 & 9 & 2 & 9 & 0 \end{bmatrix}$	Amount \$25.00
Full Name of Contributor			Registration Number, if	PAC
Kay Cremeans				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
5699 Saint Paul Road	Cala	7: C I.	M D Y	check Amount
City Ashville	State OH	Zip Code 43103	0 9 2 5 0 9	\$100.00
Full Name of Contributor			Registration Number, if	PAC
Thomas Reid				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
5738 Whitecraigs Ct.	Cr.h.	7:- C- 1-	LM IN IV	check
City Dublin	OH State	Zip Code 43017	$\begin{bmatrix} 0^{M} 8 & 0^{D} 9 & 0^{Y} 9 \end{bmatrix}$	Amount \$100.00
Full Name of Contributor			Registration Number, if	PAC
Patrick Doyle				
Street Address 5425 N Meadows Blvd	Employer/Occu	pation/Labor Organization*	Boropocontales as e antenderes a societades a societades a desarrollos as estados e a desarrollos e a d	Form (Cash, Check, etc.) check
City	State	Zip Code	M D Y	Amount
Columbus	ОН	43229	080109	\$50.00
Full Name of Contributor W Doyle			Registration Number, if PAC	
Street Address	Employer/Occu	pation/Labor Organization*	Annual Company of the	Form (Cash, Check, etc.)
1970 Jewett Road				check
City Powell	State OH	Zip Code 43065	0 8 0 8 0 9	Amount \$50.00
Full Name of Contributor Paul Cox	The Education Control		Registration Number, if	PAC
Street Address 11552 Huntington Way	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
Pickerington	ОН	43147	0 8 0 6 0 9	B .

Page Total \$600.00

^{*} 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)]