Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Gwen Callender for Judge								
Full Name of Contributor			Registration Number, if PAC					
Franklin County Democratic Lawyers								
Street Address	Employer/Occupa	tion/Labor Organization*	<u> </u>			Form (Cash, Che	ck. etc.)	
1141 S High Street						Check	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip Code	М	D	Y	Amount		
Columbus	онн	43206	1 0	3 1	1 3		100.00	
Full Name of Contributor	<u> </u>	10200			ber, if PA	<u>c</u>	100.00	
Michael Bammann								
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
2087 Woodville Rd	FOP of Ohio/District Trustee			Check				
City	State	Zip Code	M	D	Y	Amount		
Mansfield	OIH	44903	10	3 1	113		500.00	
Full Name of Contributor			•		ber, if PA	c		
Daryl K Dever								
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)	
2078 Woodlands Place		, ,				Check		
City	State	Zip Code	М	D	Y	Amount		
Powell	OIH	43065	1111	018	1 3		75.00	
Full Name of Contributor	•		Registra		ber, if PA	C		
Heather M Bishoff			1					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Che	ck, etc.)			
2902 Braden Way	Ohio Ho	Ohio House/State Representative			Check	į		
City	State	Zip Code	М	D	Y	Amount		
Blacklick	0 H	43004	111	0 8	1 3		100.00	
Full Name of Contributor Registration Number, if PAC								
Richanne M Zymkoski								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
2128 Poplar Street						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	ОІН	43207	111	0 8	1 3	<u> </u>	100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Stonewall Democrats of Central Ohio								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
545 East Town Street		T		,		Check_		
City	State	Zip Code	М	D	Y	Amount	4 5 0 0 0	
Columbus	OIH	43215			1 3		150.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Debbie Cassidy								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1197 Township Road 185		In: 0)	1		1 .	Credit C	.ard	
City	State O H	Zip Code	M	D	Y	Amount	100.00	
Bellefontaine	OH	43311	1 0	3 0	1 3		100.00	
Full Name of Contributor Registration Number, if PAC								
Contributions at Events from Form 31-	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
Street Address	Employer/Occupation/Laton Organization*			, om case cut	-n, 616.j			
Cin	State	Zip Code	М	D	ΙΥ	Amount		
City	State	Zap Code		219	I I		495.00	
	1 1		<u> 1110</u>	1217	LIIO	<u> </u>		

* 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)]

Page Total S	1,620.00