

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 Carole Depaola			Registration Number, if PAC	
Street Address 4944 Buck Thorn Lane	Employer/Occupation/Labor Organization* None/Retired		M 0	D 5
City Columbus	State O	Zip Code 43220	Y 1	Amount 250.00
			Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph R Landusky II			Registration Number, if PAC	
Street Address 901 South High Street	Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 5
City Columbus	State O	Zip Code 43206	Y 1	Amount 300.00
			Form(Cash,Check,etc) Check	
Full Name of Contributor Ohio Association of Professional Fire Fighters - Ohio Fire PCE			Registration Number, if PAC #9700	
Street Address 140 East Town Street, Suite 1225	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State O	Zip Code 43215	Y 1	Amount 500.00
			Form(Cash,Check,etc) Check	
Full Name of Contributor Brian D. Joslyn			Registration Number, if PAC	
Street Address 901 South High Street	Employer/Occupation/Labor Organization* Self-employed/Attorney		M 0	D 5
City Columbus	State O	Zip Code 43206	Y 1	Amount 50.00
			Form(Cash,Check,etc) Check	
Full Name of Contributor Andrew M Fries			Registration Number, if PAC	
Street Address 1371 Bluff Avenue, Unit A	Employer/Occupation/Labor Organization* Self-employed/Consultant		M 0	D 5
City Grandview Heights	State O	Zip Code 43212	Y 1	Amount 100.00
			Form(Cash,Check,etc) Check	
Full Name of Contributor Mark E Drum			Registration Number, if PAC	
Street Address PO Box 136	Employer/Occupation/Labor Organization* FOP/State Secretary		M 0	D 5
City Delaware	State O	Zip Code 43015	Y 1	Amount 200.00
			Form(Cash,Check,etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
			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 \$ 1,400.00