

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 Larry Sowers			Registration Number, if PAC	
Street Address 6047 Heritage Lakes Drive	Employer/Occupation/Labor Organization* None/Retired		M D Y 0 6 1 3 1 3	Amount 100.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Cash	
Full Name of Contributor Janet B Gillig			Registration Number, if PAC	
Street Address 9039 Portofino Place	Employer/Occupation/Labor Organization*		M D Y 0 6 1 3 1 3	Amount 50.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check	
Full Name of Contributor Brian J Lidle			Registration Number, if PAC	
Street Address 5383 Sutter Home Road	Employer/Occupation/Labor Organization*		M D Y 0 6 1 3 1 3	Amount 50.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check	
Full Name of Contributor Victoria S Hart			Registration Number, if PAC	
Street Address 4142 Borge Wav	Employer/Occupation/Labor Organization* None/Homemaker		M D Y 0 6 1 3 1 3	Amount 100.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	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 \$ 300.00