

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 Paul L Cox			Registration Number, if PAC	
Street Address 222 East Town Street	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M D Y 0 4 0 6 1 3	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Tracy L Rader			Registration Number, if PAC	
Street Address 5589 Blue Star Drive	Employer/Occupation/Labor Organization* FOP/Staff Rep		M D Y 0 4 0 6 1 3	Amount 600.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Lionel R Rader			Registration Number, if PAC	
Street Address 5589 Blue Star Drive	Employer/Occupation/Labor Organization* FOP/Staff Rep		M D Y 0 4 0 6 1 3	Amount 600.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Larry Ray			Registration Number, if PAC	
Street Address 7140 Bunker Hill South Road	Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 1 3	Amount 50.00
City Butler	State O H	Zip Code 44822	Form(Cash,Check,etc) Check	
Full Name of Contributor Frederick Gittes/The Gittes Law Group			Registration Number, if PAC	
Street Address 723 Oak Street	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M D Y 0 4 2 0 1 3	Amount 50.00
City Columbus	State O H	Zip Code 43205	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)	

* 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 \$ 1,800.00