

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Gwen Callender for Judge							
Full Name Gwen Callender				Registration Number, if PAC			
Address 8773 Crampton Drive		Type* L N	M 0 3		D 0 1	Y 1 3	Amount 3,000.00
City Powell		State O H	Zip Code 43065		Form(Cash,Check,etc) Check		
Full Name Pavpal				Registration Number, if PAC			
Address 2211 N 1st St		Type* R E	M 0 4		D 2 9	Y 1 3	Amount 0.15
City San Jose		State C A	Zip Code 95131		Form(Cash,Check,etc) EFT		
Full Name Paypal				Registration Number, if PAC			
Address 2211 N 1st St		Type* R E	M 0 4		D 2 9	Y 1 3	Amount 0.02
City San Jose		State C A	Zip Code 95131		Form(Cash,Check,etc) EFT		
Full Name Pavpal				Registration Number, if PAC			
Address 2211 N 1st St		Type* R E	M 0 5		D 0 5	Y 1 3	Amount 1.95
City San Jose		State C A	Zip Code 95131		Form(Cash,Check,etc) EFT		
Full Name Clear Channel Outdoor				Registration Number, if PAC			
Address 770 Harrison Drive		Type* R E	M 1 0		D 0 7	Y 1 3	Amount 546.00
City Columbus		State O H	Zip Code 43204		Form(Cash,Check,etc) EFT		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC			
Address		Type*	M		D	Y	Amount
City		State	Zip Code		Form(Cash,Check,etc)		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received: RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.