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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			-			-
Gwen Callender for Judge Full Name of Contributor			Registrat	rion Num	ber, if PA	<u> </u>
			Registra	our roun	oci, ii	
William DeMora	r	ation Labor Organization*	Щ.		_	Form (Cash, Check, etc.)
Street Address	1		11 1			
100 Warren Street		es Unlimited/Cons		•	ΙΥ	Credit Card
City	State H	Zip Code	M	D OLT		Amount
Columbus	OH	43215		2 7		100.00
I	Full Name of Contributor Registration Number, if PAC					
Yvonne Lustgarten						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
2556 Salver Court						Credit Card
City	State	Zip Code	M.	D	Y	Amount
Powell	OH	43065	0 9			25.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Anita Beck						
Street Address	Employer/Occup	ation/Labor Organization*			•	Form (Cash, Check, etc.)
6840 Downs Street	1					Credit Card
City	State	Zip Code	M	D	Y	Amount
Worthington	OIH	43085	019	2 6	1 3	25.00
Full Name of Contributor	_		Registra	tion Num	ber, if PA	С
Donald J. McTigue			1			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
545 East Town Street	McTigue	e & McGinnis LLC	/Atto	rnev		Credit Card
City	State	Zip Code	М	D	Y	Amount
Columbus	OIH	43215	019	216	113	100.00
Full Name of Contributor					beт, if PA	C
Ashon Mckenzie						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
367 East Broad Street, Apt 210	' ' '	•				Credit Card
City	State	Zip Code	М	D	Y	Amount
Columbus	ОН	43215	0/9	216	1 3	25.00
Full Name of Contributor		10210			ber, if PA	
Rob Washburn			`			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
	Cloppert Latanick Sauter/Attorney				Credit Card	
225 Eastmoor Blvd	State	Zip Code	M	D	Y	Amount
1	OH	43209	1	1	1:3	
Columbus	1.0 11	1 43209	Registra	tion Nur	iber, if PA	
Full Name of Contributor			1.02.50.	idoli i dii		
Allison Sweenev	Ir. d. do	-six-II shor Organization*	<u> </u>		_	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*			Credit Card		
6987 Grandee Cliffs	5	Tria Codo	М	D	Y	Amount
City	State	Zip Code	1	1		1
Dublin	$O \mid H$	43016	1 0	TUID	1 3	
Full Name of Contributor Registration Number, if PAC						
Gary Gillett Finology (Occupation Labor Organization* Form (Cash, Check, etc.)						
Street Address	Employer/Occupation/Labor Organization*					
2445 Sherwood Road	ļ	Te: 0.1	1 14	T 5	T v	Credit Card
City	State	Zip Code	M	D	$\left \begin{array}{c} Y \\ a \mid a \end{array}\right $	
Bexley	0 H	43209	1 0			

* 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 \$	450.00