

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge									
Full Name of Contributor Hershel Sigall						Registration Number, if PAC			
Street Address 6161 Busch Blvd, Suite 130			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43229	M 0	D 4	Y 1 1	Amount 50.00			
Full Name of Contributor Jill Cole						Registration Number, if PAC			
Street Address 680 North Lake Shore Drive, #1024			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Chicago	State I L	Zip Code 60611	M 0	D 4	Y 1 1	Amount 50.00			
Full Name of Contributor Colleen Wenger						Registration Number, if PAC			
Street Address 6231 Hampton Green Place			Employer/Occupation/Labor Organization* Lancaster City Schools/Teacher				Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 0	D 5	Y 0 4	Amount 100.00			
Full Name of Contributor Joe Hegedus						Registration Number, if PAC			
Street Address 4981 Denbigh Ct			Employer/Occupation/Labor Organization* OPBA/Attorney				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43220	M 0	D 5	Y 3 0	Amount 100.00			
Full Name of Contributor Marlin Languis						Registration Number, if PAC			
Street Address 662 Latham Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43214	M 0	D 6	Y 2 6	Amount 35.00			
Full Name of Contributor Sean Mentel						Registration Number, if PAC			
Street Address 58 North 4th Street			Employer/Occupation/Labor Organization* Self-employed/Attorney				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0	D 7	Y 1 0	Amount 500.00			
Full Name of Contributor Jennifer Dillard						Registration Number, if PAC			
Street Address 898 Chelsea Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Bexlev	State O H	Zip Code 43209	M 0	D 7	Y 1 2	Amount 25.00			
Full Name of Contributor Donald J. McTigue						Registration Number, if PAC			
Street Address 545 East Town Street			Employer/Occupation/Labor Organization* McTigue & McGinnis/Attorney				Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0	D 8	Y 0 8	Amount 100.00			

* 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 \$ **960.00**