

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge				
Full Name of Contributor William Mulbarger		Employer, Occupation, Labor Organization * WOM Edu Cons./CEO		Registration Number, if PAC
Street Address 801 Katherines Court		Description of Item or Service Event Expense		M D Y Fair Market Value 0 6 0 6 1 3 100.00
City Columbus		State O H	Zip Code 43235	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor David Axner		Employer, Occupation, Labor Organization * OASSA/ Assoc Exec Dir		Registration Number, if PAC
Street Address 5955 Tara Hill Drive		Description of Item or Service Event Expense		M D Y Fair Market Value 0 6 0 6 1 3 100.00
City Dublin		State O H	Zip Code 43017	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Mike Taylor		Employer, Occupation, Labor Organization * Lycurgus Group/President		Registration Number, if PAC
Street Address 1643 Demaret Lane		Description of Item or Service Office Space		M D Y Fair Market Value 1 0 1 6 1 3 400.00
City Columbus		State O H	Zip Code 43228	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]