

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge							
Full Name of Contributor William DeMora					Registration Number, if PAC		
Street Address 100 Warren Street		Employer/Occupation/Labor Organization* Strategies Unlimited/Consultant			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 8	D 2 7	Y 1 3	Amount 100.00	
Full Name of Contributor Yvonne Lustgarten					Registration Number, if PAC		
Street Address 2556 Salver Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Powell	State O H	Zip Code 43065	M 0 9	D 1 6	Y 1 3	Amount 25.00	
Full Name of Contributor Anita Beck					Registration Number, if PAC		
Street Address 6840 Downs Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Worthington	State O H	Zip Code 43085	M 0 9	D 2 6	Y 1 3	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 LLC/Attorney			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 9	D 2 6	Y 1 3	Amount 100.00	
Full Name of Contributor Ashon Mckenzie					Registration Number, if PAC		
Street Address 367 East Broad Street, Apt 210		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43215	M 0 9	D 2 6	Y 1 3	Amount 25.00	
Full Name of Contributor Rob Washburn					Registration Number, if PAC		
Street Address 225 Eastmoor Blvd		Employer/Occupation/Labor Organization* Cloppert Latanick Sauter/Attorney			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43209	M 1 0	D 0 1	Y 1 3	Amount 100.00	
Full Name of Contributor Allison Sweeney					Registration Number, if PAC		
Street Address 6987 Grandee Cliffs		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 1 0	D 0 5	Y 1 3	Amount 50.00	
Full Name of Contributor Gary Gillett					Registration Number, if PAC		
Street Address 2445 Sherwood Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Bexlev	State O H	Zip Code 43209	M 1 0	D 0 6	Y 1 3	Amount 25.00	

* 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)]