

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge					
Full Name of Contributor Stella Shaw				Registration Number, if PAC	
Street Address 390 Beaver Ave	Employer/Occupation/Labor Organization* Home Depot/ Associate		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Joseph Mismas				Registration Number, if PAC	
Street Address 2644 Glenmawr Ave	Employer/Occupation/Labor Organization* SAP/Software Engineer		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43202	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Johnny Savage				Registration Number, if PAC	
Street Address 7541 Sawbury Ct	Employer/Occupation/Labor Organization* JV Landscaping/OU		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43235	Form(Cash,Check,etc) Cash		Amount 40.00
Full Name of Contributor Joseph Landusky				Registration Number, if PAC	
Street Address 901 South High Street	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Carole Depaola				Registration Number, if PAC	
Street Address 4944 Buck Thorn Ln	Employer/Occupation/Labor Organization* None/Retired		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 110.00
Full Name of Contributor Joseph Landusky				Registration Number, if PAC	
Street Address 901 South High Street	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M 1	D 0	Y 3
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 495.00