

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 John D Koehn			Registration Number, if PAC	
Street Address 1190 Rosedale Road	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 50.00
City Irwin	State O H	Zip Code 43029	Form(Cash, Check, etc) Check	
Full Name of Contributor Cynthia R Barker			Registration Number, if PAC	
Street Address 2441 Worthingtonwoods Blvd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 50.00
City Powell	State O H	Zip Code 43065	Form(Cash, Check, etc) Check	
Full Name of Contributor Lori Kannapel Mooney			Registration Number, if PAC	
Street Address 6311 Shaftsbury Lane	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 60.00
City Dublin	State O H	Zip Code 43017	Form(Cash, Check, etc) Check	
Full Name of Contributor Joseph A McKinley			Registration Number, if PAC	
Street Address 3111 Aleshire Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 75.00
City Dublin	State O H	Zip Code 43017	Form(Cash, Check, etc) Check	
Full Name of Contributor James Battigaglia			Registration Number, if PAC	
Street Address 8879 Shrockton Street	Employer/Occupation/Labor Organization* Archer Co/Reg Director		M D Y 0 9 2 4 1 3	Amount 100.00
City Powell	State O H	Zip Code 43065	Form(Cash, Check, etc) Check	
Full Name of Contributor Mary K Jackson			Registration Number, if PAC	
Street Address 7826 Holiston Court	Employer/Occupation/Labor Organization* Self/Speech Pathologist		M D Y 0 9 2 4 1 3	Amount 100.00
City Dublin	State O H	Zip Code 43016	Form(Cash, Check, etc) Check	
Full Name of Contributor Nancy E Hubschman			Registration Number, if PAC	
Street Address 7850 Sarbury Drive	Employer/Occupation/Labor Organization*		M D Y 1 0 0 2 1 3	Amount 50.00
City Dublin	State O H	Zip Code 43016	Form(Cash, Check, etc) Check	

* 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 \$	485.00
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