

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 Joseph F Mismas				Registration Number, if PAC			
Street Address 2644 Glenmawr Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	3	25.00
City Columbus		State OH	Zip Code 43202	Form(Cash,Check,etc) Check			
Full Name of Contributor Joel R Barden				Registration Number, if PAC			
Street Address 460 South Ogden Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		None/Retired		0	8	3	25.00
City Columbus		State OH	Zip Code 43204	Form(Cash,Check,etc) Check			
Full Name of Contributor Sharon R Austin				Registration Number, if PAC			
Street Address 2130 Iuka Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		OH Capital Corp/Develop		0	8	3	50.00
City Columbus		State OH	Zip Code 43201	Form(Cash,Check,etc) Check			
Full Name of Contributor John R Looman				Registration Number, if PAC			
Street Address 1501 Belmont Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		None/Retired		0	8	3	50.00
City Columbus		State OH	Zip Code 43201	Form(Cash,Check,etc) Check			
Full Name of Contributor Tim Jochim				Registration Number, if PAC			
Street Address 378 Walhalla Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Self-employed/Attorney		0	8	3	50.00
City Columbus		State OH	Zip Code 43202	Form(Cash,Check,etc) Check			
Full Name of Contributor John H Haselev				Registration Number, if PAC			
Street Address 9546 Hooper Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	3	50.00
City Athens		State OH	Zip Code 45701	Form(Cash,Check,etc) Check			
Full Name of Contributor Aaron S Pickrell				Registration Number, if PAC			
Street Address 34 North Remington Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	3	50.00
City Bexlev		State OH	Zip Code 43209	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 \$ 300.00