

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 Denise L'Heureux			Registration Number, if PAC	
Street Address 4802 Tuttle's Brooke Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 10.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Cash	
Full Name of Contributor Cassie Young			Registration Number, if PAC	
Street Address 1406 Chesapeake Avenue	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 20.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Cash	
Full Name of Contributor Kathy Messick			Registration Number, if PAC	
Street Address 3108 Aullwood Court	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 20.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Cash	
Full Name of Contributor Drue Barezinsky			Registration Number, if PAC	
Street Address 343 Brownsfell Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 30.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Cash	
Full Name of Contributor Dustin Burger			Registration Number, if PAC	
Street Address 5967 Roberts Road	Employer/Occupation/Labor Organization* Dublin City School/Teacher		M D Y 0 9 2 4 1 3	Amount 30.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Cash	
Full Name of Contributor Joe Forte			Registration Number, if PAC	
Street Address 343 Brownsfell Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 30.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Cash	
Full Name of Contributor Kristin Todd			Registration Number, if PAC	
Street Address 3629 Christopher Place	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 30.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Cash	

* 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 \$ 170.00