

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 Mark Gillis/Rich & Gillis Law Group, LLC			Registration Number, if PAC	
Street Address 6400 Riverside Drive, Suite D	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M D Y 0 4 2 4 1 3	Amount 50.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey Rich/Rich & Gillis Law Group LLC			Registration Number, if PAC	
Street Address 6400 Riverside Drive, Suite D	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M D Y 0 4 2 4 1 3	Amount 50.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Allan C Krulak			Registration Number, if PAC	
Street Address 2436 Suffolk Lane	Employer/Occupation/Labor Organization* Forest City Enterprise/VP		M D Y 0 4 2 4 1 3	Amount 150.00
City Pepper Pike	State O H	Zip Code 44124	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael H Keenan			Registration Number, if PAC	
Street Address 7103 Coventry Woods Drive	Employer/Occupation/Labor Organization* Keenan Agency/Insurance		M D Y 0 5 0 8 1 3	Amount 100.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor William O Mulbarger			Registration Number, if PAC	
Street Address 801 Katherines Ridge Lane	Employer/Occupation/Labor Organization* WOM Edu Cons./CEO		M D Y 0 5 2 3 1 3	Amount 100.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor William S Matthews II			Registration Number, if PAC	
Street Address 8385 Ridgeview Drive	Employer/Occupation/Labor Organization* Dolle & Matthews/Atty		M D Y 0 6 0 5 1 3	Amount 100.00
City Cincinnati	State O H	Zip Code 45215	Form(Cash,Check,etc) Check	
Full Name of Contributor Lynn B Mav			Registration Number, if PAC	
Street Address 5247 Reddington Drive	Employer/Occupation/Labor Organization* Dublin Springs/Office Mar		M D Y 0 6 0 5 1 3	Amount 100.00
City Dublin	State O H	Zip Code 43017	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 \$ 650.00