

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge							
Full Name of Contributor Martin Aellig					Registration Number, if PAC		
Street Address 5763 Bausch Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Galloway	State O H	Zip Code 43119	M 1 0	D 1 1	Y 1 3	Amount 50.00	
Full Name of Contributor Michele Coss					Registration Number, if PAC		
Street Address 7665 Kestrel Way West		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 1 0	D 1 4	Y 1 3	Amount 25.00	
Full Name of Contributor Gary Wolske					Registration Number, if PAC		
Street Address 6109 Hathaway Road		Employer/Occupation/Labor Organization* FOP/VP			Form (Cash, Check, etc.) Credit Card		
City Garfield Heights	State O H	Zip Code 44125	M 1 0	D 1 4	Y 1 3	Amount 50.00	
Full Name of Contributor Jessica Goldman					Registration Number, if PAC		
Street Address 908 City Park Avenue		Employer/Occupation/Labor Organization* Squire Sanders/ Attorney			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43206	M 1 0	D 1 5	Y 1 3	Amount 400.00	
Full Name of Contributor Michael Piotrowski					Registration Number, if PAC		
Street Address 2721 Manchester Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Akron	State O H	Zip Code 44319	M 1 0	D 1 5	Y 1 3	Amount 50.00	
Full Name of Contributor Joseph Rettof					Registration Number, if PAC		
Street Address 210 Tibet Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43202	M 1 0	D 1 5	Y 1 3	Amount 50.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	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)]