

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 James D Abrams			Registration Number, if PAC	
Street Address 380 Woodgate Lane	Employer/Occupation/Labor Organization*		M D Y 1 0 0 2 1 3	Amount 50.00
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) Check	
Full Name of Contributor Cathy Collins-Taylor			Registration Number, if PAC	
Street Address 1643 Demaret Lane	Employer/Occupation/Labor Organization* Franklin Co/ Com Based C		M D Y 1 0 0 2 1 3	Amount 50.00
City Columbus	State O H	Zip Code 43228	Form(Cash,Check,etc) Check	
Full Name of Contributor Chester Delong			Registration Number, if PAC	
Street Address 21667 Wolford Maskill	Employer/Occupation/Labor Organization* FOP/OLC/Recruiter		M D Y 1 0 0 2 1 3	Amount 50.00
City Marysville	State O H	Zip Code 43040	Form(Cash,Check,etc) Check	
Full Name of Contributor Howard Heard			Registration Number, if PAC	
Street Address PO Box 6606	Employer/Occupation/Labor Organization*		M D Y 1 0 0 2 1 3	Amount 50.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Bonnie E McCann			Registration Number, if PAC	
Street Address 2614 Willow Glen Road	Employer/Occupation/Labor Organization*		M D Y 1 0 0 2 1 3	Amount 50.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check	
Full Name of Contributor Kristen J Brown			Registration Number, if PAC	
Street Address 1489 Oakbourne Drive	Employer/Occupation/Labor Organization*		M D Y 1 0 0 2 1 3	Amount 50.00
City Worthington	State O H	Zip Code 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert K Shelly			Registration Number, if PAC	
Street Address 35 Brevoort Road	Employer/Occupation/Labor Organization*		M D Y 1 0 0 2 1 3	Amount 50.00
City Columbus	State O H	Zip Code 43214	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 \$ 350.00