

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 Rausch			Registration Number, if PAC			
Street Address 590 East Schreyer Place	Employer/Occupation/Labor Organization* YRC Worldwide/Account		M 1	D 0	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Sexton			Registration Number, if PAC			
Street Address 984 Highland Street	Employer/Occupation/Labor Organization* Columbus/Dir of Com Aff		M 1	D 0	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) Check			
Full Name of Contributor Elizabeth P Kessler			Registration Number, if PAC			
Street Address 4633 Yantis Drive	Employer/Occupation/Labor Organization* Jones Day/Attorney		M 1	D 0	Y 2	Amount 100.00
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check			
Full Name of Contributor David L Hughes			Registration Number, if PAC			
Street Address 5042 Britton Farms Drive	Employer/Occupation/Labor Organization* Self-employed/Architect		M 1	D 0	Y 2	Amount 100.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check			
Full Name of Contributor Dan Snyder/Cloppert, Latanick, Sauter & Washburn			Registration Number, if PAC			
Street Address 225 East Broad Street	Employer/Occupation/Labor Organization* Cloppert Latanick/Atty		M 1	D 0	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Karen S Folev			Registration Number, if PAC			
Street Address 4898 Sharon Avenue	Employer/Occupation/Labor Organization* None/Retired		M 1	D 0	Y 2	Amount 125.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check			
Full Name of Contributor Harry J Lehman			Registration Number, if PAC			
Street Address 5 Pickett Place	Employer/Occupation/Labor Organization* Jones Day/Attorney		M 1	D 0	Y 2	Amount 200.00
City New Albany	State O H	Zip Code 43054	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 \$ 825.00