Page	8
2	<u> </u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Gwen Callender for Judge								
Full Name of Contributor				Registration Number, if PAC				
Contributions from Form No. 31-E								
Street Address	Employer/Occ				Form (Cash, Check, etc.)			
						ŀ		
City	State	Zip Code	М	D	Y	Amount	_	
	1 1	1	0 4	310	113	ļ	2,650.00	
Full Name of Contributor				ation Num				
Contributions from Form No. 31-E								
Street Address	Employer/Occ		Form (Cash, Check, etc.)			Check, etc.)		
						, `		
City	State	Zip Code	М	D	Y	Amount		
			015	012	1 3		4,996.00	
Full Name of Contributor				ntion Num				
Contributions from Form No. 31-E			'					
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)		
						(,	
City	State	Zip Code	M	Τъ	Y	Amount		
		'	1016	I .	113		2,865.00	
Full Name of Contributor	<u> </u>		0 6 0 6 1 3 Registration Number, if PA					
Contributions from Form No. 31-E					,			
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash.	Check, etc.)	
		•				, o.m. (0.22m, 0.00m, 0.00.)		
City	State	Zip Code	Тм	D	ΙΥ	Amount		
		'		2 0			424.00	
Full Name of Contributor	!!		_	tion Num		C	424.00	
Contributions from Form No. 31-E					•			
Street Address	Employer/Occu	apation/Labor Organization*			-	Form (Cash	Check, etc.)	
						,,,,,	, , , , , , ,	
City	State	Zip Code	М	D	Y	Amount		
			loia	216	113		575.00	
Full Name of Contributor				tion Num			3/3.00	
Contributions from Form No. 31-E			ľ					
Street Address	Employer/Occupation/Labor Organization*					Form (Cash,	Check, etc.)	
City	State	Zip Code	М	Ð	Y	Amount		
			017	2 4	113		200.00	
Full Name of Contributor	· · ·			tion Num		.c	200.00	
Contributions from Form No. 31-E			l i					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash,	Check, etc.)	
						, .		
City	State	Zip Code	M	D	Y	Amount		
	1 1		0 8	018	1 3		150.00	
Full Name of Contributor				tion Num		.c	100.00	
Contributions from Form No. 31-E			"					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash,	Check, etc.)	
		•				l ' '	•	
City	State	Zip Code	М	D	Y	Amount	-	
			ه ام ا	1 9	113		1,000.00	

* 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)]

Page To	ध्ये \$ _	12,860.00