

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Gwen Callender for Judge</b>						
Full Name of Contributor <b>Frederick A Vierow</b>			Registration Number, if PAC			
Street Address <b>6870 Haymore Avenue West</b>	Employer/Occupation/Labor Organization* <b>Self-employed/Attorney</b>		M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>50.00</b>
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Shaun K Laird</b>			Registration Number, if PAC			
Street Address <b>117 Beech Drive</b>	Employer/Occupation/Labor Organization* <b>FOP of Ohio/Office Admin</b>		M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>50.00</b>
City <b>Delaware</b>	State <b>OH</b>	Zip Code <b>43015</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Denise M Young</b>			Registration Number, if PAC			
Street Address <b>117 Beech Drive</b>	Employer/Occupation/Labor Organization* <b>FOP of Ohio/Office Admin</b>		M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>50.00</b>
City <b>Delaware</b>	State <b>OH</b>	Zip Code <b>43015</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Phyllis M Elmo</b>			Registration Number, if PAC			
Street Address <b>482 Piedmont Road</b>	Employer/Occupation/Labor Organization* <b>FOP of Ohio/Office Admin</b>		M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Jennifer House</b>			Registration Number, if PAC			
Street Address <b>735 North High Apt C</b>	Employer/Occupation/Labor Organization* <b>FOP of Ohio/Office Admin</b>		M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Russell K Childers</b>			Registration Number, if PAC			
Street Address <b>33 Acton Road</b>	Employer/Occupation/Labor Organization* <b>OSU/Engineer</b>		M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Anne E Marisco</b>			Registration Number, if PAC			
Street Address <b>1082 Michigan Avenue</b>	Employer/Occupation/Labor Organization* <b>FOP of Ohio/Office Admin</b>		M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>75.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43201</b>	Form(Cash,Check,etc) <b>Check</b>			

\* 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 \$ 375.00