

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 Michael R Wehner				Registration Number, if PAC	
Street Address 3162 Lorne Scots Avenue	Employer/Occupation/Labor Organization* Insphere Ins/Sales		M 0	D 8	Y 13
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Roxane M Wehner				Registration Number, if PAC	
Street Address 3162 Lorne Scots Avenue	Employer/Occupation/Labor Organization* Dublin City Sch/Transport		M 0	D 8	Y 13
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jeffrey K Bradlev				Registration Number, if PAC	
Street Address PO Box 485	Employer/Occupation/Labor Organization* Ashtabula Police/ Aux Serg		M 0	D 8	Y 13
City Ashtabula	State OH	Zip Code 44005	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Friends of Donna O'Connor				Registration Number, if PAC	
Street Address 5065 Winchell Court	Employer/Occupation/Labor Organization*		M 0	D 8	Y 13
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form(Cash,Check,etc)		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)]

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 \$ 550.00