

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge							
Full Name of Contributor Joyce T Rybak					Registration Number, if PAC		
Street Address 2709 Berwyn Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 9	D 1 6	Y 1 3	Amount 25.00	
Full Name of Contributor Derric D McDonald					Registration Number, if PAC		
Street Address 1360 Bartlev Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dayton	State O H	Zip Code 45414	M 0 9	D 1 6	Y 1 3	Amount 50.00	
Full Name of Contributor Jack R Holycross					Registration Number, if PAC		
Street Address 5826 Ravine Creek Drive		Employer/Occupation/Labor Organization* None/Retired			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 9	D 1 6	Y 1 3	Amount 100.00	
Full Name of Contributor Patricia R Riggs					Registration Number, if PAC		
Street Address 436 Bonzo Road		Employer/Occupation/Labor Organization* None/Retired			Form (Cash, Check, etc.) Check		
City Ironton	State O H	Zip Code 45638	M 0 9	D 1 6	Y 1 3	Amount 100.00	
Full Name of Contributor Duke M Rakich					Registration Number, if PAC		
Street Address 9984 Brewster Lane		Employer/Occupation/Labor Organization* Self-employed/Dentist			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0 9	D 1 6	Y 1 3	Amount 100.00	
Full Name of Contributor Catherine M Sprunger					Registration Number, if PAC		
Street Address 618 Reindeer Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0 9	D 1 6	Y 1 3	Amount 200.00	
Full Name of Contributor Jacqueline K Wegman					Registration Number, if PAC		
Street Address 545 Dussel Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Maumee	State O H	Zip Code 43537	M 0 9	D 2 4	Y 1 3	Amount 25.00	
Full Name of Contributor Michele M Coss					Registration Number, if PAC		
Street Address 7665 W Kestrel Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 9	D 2 4	Y 1 3	Amount 25.00	

* 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)]