

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge							
Full Name of Contributor Deanna O'Connell					Registration Number, if PAC		
Street Address 7828 Windy Hill Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 9	D 2 4	Y 1 3	Amount 30.00	
Full Name of Contributor William Halusek Jr					Registration Number, if PAC		
Street Address 10642 Lees Creek Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Harrison	State O H	Zip Code 45030	M 0 9	D 2 4	Y 1 3	Amount 40.00	
Full Name of Contributor Catherine A Brockman					Registration Number, if PAC		
Street Address 765 Lakeview Drive		Employer/Occupation/Labor Organization* FOP of Ohio/Ohio Labor Council			Form (Cash, Check, etc.) Check		
City West Jefferson	State O H	Zip Code 43162	M 0 9	D 2 4	Y 1 3	Amount 50.00	
Full Name of Contributor Jodi L Cooper					Registration Number, if PAC		
Street Address 7918 Stanburn Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 9	D 2 4	Y 1 3	Amount 50.00	
Full Name of Contributor Michael E Kostrinsky					Registration Number, if PAC		
Street Address 24 Panorama Crest Avenue		Employer/Occupation/Labor Organization* Hernandez Landrum Garofalo/Attorney			Form (Cash, Check, etc.) Check		
City Las Vegas	State N V	Zip Code 89135	M 0 9	D 2 4	Y 1 3	Amount 100.00	
Full Name of Contributor Gail Kichler					Registration Number, if PAC		
Street Address 5 Pepper Creek Drive		Employer/Occupation/Labor Organization* None/Retired			Form (Cash, Check, etc.) Check		
City Pepper Pike	State O H	Zip Code 44124	M 0 9	D 2 4	Y 1 3	Amount 100.00	
Full Name of Contributor Joyce A Cameron					Registration Number, if PAC		
Street Address 732 Glenbar Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Louisville	State O H	Zip Code 44641	M 1 0	D 1 2	Y 1 3	Amount 20.00	
Full Name of Contributor Denise M Young					Registration Number, if PAC		
Street Address 117 Beech Drive		Employer/Occupation/Labor Organization* FOP of Ohio/Office Administrator			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 1 0	D 1 2	Y 1 3	Amount 50.00	

* 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 Total \$ 440.00