

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 Denise L'Heureux				Registration Number, if PAC			
Street Address 4802 Tuttle's Brooke Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	10.00
City Dublin		State O H	Zip Code 43016	Form(Cash,Check,etc) Cash			
Full Name of Contributor Cassie Young				Registration Number, if PAC			
Street Address 1406 Chesapeake Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	20.00
City Columbus		State O H	Zip Code 43212	Form(Cash,Check,etc) Cash			
Full Name of Contributor Kathy Messick				Registration Number, if PAC			
Street Address 3108 Aullwood Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	20.00
City Dublin		State O H	Zip Code 43017	Form(Cash,Check,etc) Cash			
Full Name of Contributor Drue Barezinsk				Registration Number, if PAC			
Street Address 343 Brownsfell Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	30.00
City Columbus		State O H	Zip Code 43235	Form(Cash,Check,etc) Cash			
Full Name of Contributor Dustin Burger				Registration Number, if PAC			
Street Address 5967 Roberts Road		Employer/Occupation/Labor Organization* Dublin City School/Teache		M	D	Y	Amount
				0	9	2	30.00
City Hilliard		State O H	Zip Code 43026	Form(Cash,Check,etc) Cash			
Full Name of Contributor Joe Forte				Registration Number, if PAC			
Street Address 343 Brownsfell Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	30.00
City Columbus		State O H	Zip Code 43235	Form(Cash,Check,etc) Cash			
Full Name of Contributor Kristin Todd				Registration Number, if PAC			
Street Address 3629 Christopher Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	30.00
City Grove City		State O H	Zip Code 43123	Form(Cash,Check,etc) Cash			

* 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 \$ 170.00