

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge							
Full Name of Contributor Emil G Davidson					Registration Number, if PAC		
Street Address 12125 Hollyglen Place		Employer/Occupation/Labor Organization* EG Davidson Productions/CEO			Form (Cash, Check, etc.) Check		
City Studio City	State C A	Zip Code 91604	M 0 6	D 0 5	Y 1 3	Amount 200.00	
Full Name of Contributor Cheryl Sanders					Registration Number, if PAC		
Street Address 131 Brooksedge Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pataskala	State O H	Zip Code 43062	M 0 6	D 2 9	Y 1 3	Amount 50.00	
Full Name of Contributor Greg P Thompson					Registration Number, if PAC		
Street Address 15001 Maple Ridge Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Milford Center	State O H	Zip Code 43045	M 0 6	D 2 9	Y 1 3	Amount 50.00	
Full Name of Contributor Frederick Gittes/The Gittes Law Group					Registration Number, if PAC		
Street Address 723 Oak Street		Employer/Occupation/Labor Organization* Self-employed/ Attorney			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43205	M 0 7	D 1 3	Y 1 3	Amount 50.00	
Full Name of Contributor Allison H Harris					Registration Number, if PAC		
Street Address 4634 Bridle Path Lane		Employer/Occupation/Labor Organization* YMCA/ Fitness Instructor			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 7	D 1 3	Y 1 3	Amount 100.00	
Full Name of Contributor Nick Di Marco					Registration Number, if PAC		
Street Address 8410 Brookside Road		Employer/Occupation/Labor Organization* None/Retired			Form (Cash, Check, etc.) Check		
City Independence	State O H	Zip Code 44131	M 0 7	D 1 3	Y 1 3	Amount 150.00	
Full Name of Contributor W John Chesar					Registration Number, if PAC		
Street Address 28469 Holly Dr		Employer/Occupation/Labor Organization* FOP Of Ohio/State Secretary			Form (Cash, Check, etc.) Check		
City North Olmsted	State O H	Zip Code 44070	M 0 8	D 1 0	Y 1 3	Amount 100.00	
Full Name of Contributor Tamara Murray					Registration Number, if PAC		
Street Address 5922 Old Bridge Ave NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Massillon	State O H	Zip Code 44646	M 0 8	D 1 0	Y 1 3	Amount 100.00	

* 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))