

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 David T Donofrio				Registration Number, if PAC			
Street Address 7565 Sawmill Commons Lane, Apt C		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Dublin		O H		0	8	3	50.00
City		Zip Code		Form(Cash,Check,etc)			
Dublin		43016		Check			
Full Name of Contributor Thomas L Beck				Registration Number, if PAC			
Street Address 6840 Downs Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Worthington		O H		0	8	3	50.00
City		Zip Code		Form(Cash,Check,etc)			
Worthington		43085		Check			
Full Name of Contributor W David Ready Jr				Registration Number, if PAC			
Street Address 5611 Old Pond Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Dublin		O H		0	8	3	50.00
City		Zip Code		Form(Cash,Check,etc)			
Dublin		43017		Check			
Full Name of Contributor Marilee Chinnici-Zuercher				Registration Number, if PAC			
Street Address 6043 Glenbarr Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Dublin		O H		0	8	3	50.00
City		Zip Code		Form(Cash,Check,etc)			
Dublin		43017		Check			
Full Name of Contributor Jeffrey D Mackey				Registration Number, if PAC			
Street Address 1538 Melrose Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Columbus		O H		0	8	3	50.00
City		Zip Code		Form(Cash,Check,etc)			
Columbus		43224		Check			
Full Name of Contributor Matthew Ralph Mossman				Registration Number, if PAC			
Street Address 5682 Wilcox Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Dublin		O H		0	8	3	100.00
City		Zip Code		Form(Cash,Check,etc)			
Dublin		43016		Check			
Full Name of Contributor Jane M Doyle				Registration Number, if PAC			
Street Address 6874 McDougal Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Dublin		O H		0	8	3	100.00
City		Zip Code		Form(Cash,Check,etc)			
Dublin		43017		Check			

* 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 \$ 450.00