

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge						
Full Name of Contributor Franklin County Democratic Lawyers				Registration Number, if PAC		
Street Address 1141 S High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43206	M 1 0	D 3 1	Y 1 3	Amount 100.00
Full Name of Contributor Michael Bammann				Registration Number, if PAC		
Street Address 2087 Woodville Rd		Employer/Occupation/Labor Organization* FOP of Ohio/District Trustee			Form (Cash, Check, etc.) Check	
City Mansfield	State O H	Zip Code 44903	M 1 0	D 3 1	Y 1 3	Amount 500.00
Full Name of Contributor Daryl K Dever				Registration Number, if PAC		
Street Address 2078 Woodlands Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Powell	State O H	Zip Code 43065	M 1 1	D 0 8	Y 1 3	Amount 75.00
Full Name of Contributor Heather M Bishoff				Registration Number, if PAC		
Street Address 2902 Braden Way		Employer/Occupation/Labor Organization* Ohio House/State Representative			Form (Cash, Check, etc.) Check	
City Blacklick	State O H	Zip Code 43004	M 1 1	D 0 8	Y 1 3	Amount 100.00
Full Name of Contributor Richanne M Zymkoski				Registration Number, if PAC		
Street Address 2128 Poplar Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43207	M 1 1	D 0 8	Y 1 3	Amount 100.00
Full Name of Contributor Stonewall Democrats of Central Ohio				Registration Number, if PAC		
Street Address 545 East Town Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1 1	D 2 2	Y 1 3	Amount 150.00
Full Name of Contributor Debbie Cassidy				Registration Number, if PAC		
Street Address 1197 Township Road 185		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Bellefontaine	State O H	Zip Code 43311	M 1 0	D 3 0	Y 1 3	Amount 100.00
Full Name of Contributor Contributions at Events from Form 31-E				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			1 0	2 9	1 3	495.00

* 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 \$ 1,620.00