

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 Richard S Gerber			Registration Number, if PAC	
Street Address 6125 Karrer Place	Employer/Occupation/Labor Organization* Carlile Patchen/Attorney		M 0 6	D 0 5
City Dublin	State O H	Zip Code 43017	Y 1 3	Amount 200.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Anonymous Cash Contributions			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0 6	D 1 3
City	State 	Zip Code	Y 1 3	Amount 90.00
Form(Cash,Check,etc) Cash				
Full Name of Contributor Brian Kern			Registration Number, if PAC	
Street Address 9266 Marblebury End	Employer/Occupation/Labor Organization* Dublin CSO/ Asst Treasure		M 0 6	D 1 3
City Powell	State O H	Zip Code 43065	Y 1 3	Amount 50.00
Form(Cash,Check,etc) Cash				
Full Name of Contributor Dustin W Miller			Registration Number, if PAC	
Street Address 8068 Farm Crossing Cir	Employer/Occupation/Labor Organization*		M 0 6	D 1 3
City Powell	State O H	Zip Code 43065	Y 1 3	Amount 50.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Richard W Bailey II			Registration Number, if PAC	
Street Address 7685 Fulmar Drive	Employer/Occupation/Labor Organization*		M 0 6	D 1 3
City Dublin	State O H	Zip Code 43017	Y 1 3	Amount 50.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Debbie A Papesh			Registration Number, if PAC	
Street Address 3224 Middleboro Way	Employer/Occupation/Labor Organization*		M 0 6	D 1 3
City Dublin	State O H	Zip Code 43017	Y 1 3	Amount 50.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Annette R Morud-Seredick			Registration Number, if PAC	
Street Address 6251 Bono Court	Employer/Occupation/Labor Organization* Dublin City School/Teache		M 0 6	D 1 3
City Dublin	State O H	Zip Code 43016	Y 1 3	Amount 50.00
Form(Cash,Check,etc) 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 \$ 540.00