

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge												
Full Name of Contributor Deanna O'Connell						Registration Number, if PAC						
Street Address 7828 Windy Hill Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Dublin		State O H		Zip Code 43016		M 0 9		D 2 4		Y 1 3		Amount 30.00
Full Name of Contributor William Halusek Jr						Registration Number, if PAC						
Street Address 10642 Lees Creek Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Harrison		State O H		Zip Code 45030		M 0 9		D 2 4		Y 1 3		Amount 40.00
Full Name of Contributor Catherine A Brockman						Registration Number, if PAC						
Street Address 765 Lakeview Drive			Employer/Occupation/Labor Organization* FOP of Ohio/Ohio Labor Council				Form (Cash, Check, etc.) Check					
City West Jefferson		State O H		Zip Code 43162		M 0 9		D 2 4		Y 1 3		Amount 50.00
Full Name of Contributor Jodi L Cooper						Registration Number, if PAC						
Street Address 7918 Stanburn Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Dublin		State O H		Zip Code 43016		M 0 9		D 2 4		Y 1 3		Amount 50.00
Full Name of Contributor Michael E Kostrinkskv						Registration Number, if PAC						
Street Address 24 Panorama Crest Avenue			Employer/Occupation/Labor Organization* Hernandez Landrum Garofalo/ Attorney				Form (Cash, Check, etc.) Check					
City Las Vegas		State N V		Zip Code 89135		M 0 9		D 2 4		Y 1 3		Amount 100.00
Full Name of Contributor Gail Kichler						Registration Number, if PAC						
Street Address 5 Pepper Creek Drive			Employer/Occupation/Labor Organization* None/Retired				Form (Cash, Check, etc.) Check					
City Pepper Pike		State O H		Zip Code 44124		M 0 9		D 2 4		Y 1 3		Amount 100.00
Full Name of Contributor Joyce A Cameron						Registration Number, if PAC						
Street Address 732 Glenbar Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Louisville		State O H		Zip Code 44641		M 1 0		D 1 2		Y 1 3		Amount 20.00
Full Name of Contributor Denise M Young						Registration Number, if PAC						
Street Address 117 Beech Drive			Employer/Occupation/Labor Organization* FOP of Ohio/Office Administrator				Form (Cash, Check, etc.) Check					
City Delaware		State O H		Zip Code 43015		M 1 0		D 1 2		Y 1 3		Amount 50.00

* 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)]