

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 Karen Dawson				Registration Number, if PAC	
Street Address 3080 Fishinger Road	Employer/Occupation/Labor Organization* Ohio Health/Management		M 0	D 7	Y 13
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Jodi L Cooper				Registration Number, if PAC	
Street Address 7918 Stanburn Road	Employer/Occupation/Labor Organization*		M 0	D 7	Y 13
City Dublin	State OH	Zip Code 43016	Form(Cash,Check,etc) Check		Amount 20.00
Full Name of Contributor Dana S Moeller				Registration Number, if PAC	
Street Address 5736 Chippewa Falls Street	Employer/Occupation/Labor Organization*		M 0	D 7	Y 13
City Dublin	State OH	Zip Code 43016	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Albert L Allen				Registration Number, if PAC	
Street Address 2568 Bouchard Court	Employer/Occupation/Labor Organization*		M 0	D 7	Y 13
City Powell	State OH	Zip Code 43065	Form(Cash,Check,etc) Check		Amount 30.00
Full Name of Contributor James V Battigaglia				Registration Number, if PAC	
Street Address 8879 Shrockton Street	Employer/Occupation/Labor Organization* Archer Co/Reg Director		M 0	D 7	Y 13
City Powell	State OH	Zip Code 43065	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor David D Neff				Registration Number, if PAC	
Street Address PO Box 1152	Employer/Occupation/Labor Organization* Self-employed/Fin. Advise		M 0	D 7	Y 13
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 300.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ 575.00