

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Gwen Callender									
Full Name of Contributor Ohio & Vicinity Regional Council South Central Office PCE							Registration Number, if PAC		
Street Address 1384 Courtright Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43227		M 1		D 0	
						Y 0		Amount \$250.00	
Full Name of Contributor Darryl K Dever							Registration Number, if PAC		
Street Address 2078 Woodlands Place				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Powell		State OH		Zip Code 43065		M 1		D 0	
						Y 1		Amount \$200.00	
Full Name of Contributor R. Michael Taylor							Registration Number, if PAC		
Street Address 1643 Demaret Lane				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43228		M 1		D 0	
						Y 2		Amount \$200.00	
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner Co., LPA							Registration Number, if PAC CP-1058		
Street Address 300 Spruce Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43215		M 1		D 0	
						Y 2		Amount \$250.00	
Full Name of Contributor Susan Silverberg							Registration Number, if PAC		
Street Address 2492 Saybrook Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City University Ht		State OH		Zip Code 44118		M 1		D 0	
						Y 1		Amount \$25.00	
Full Name of Contributor John Maldoven							Registration Number, if PAC		
Street Address 2662 Federal Avenue				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Alliance		State OH		Zip Code 44601		M 0		D 9	
						Y 1		Amount \$25.00	
Full Name of Contributor Richard Gerber							Registration Number, if PAC		
Street Address 6125 Karrer Place				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dublin		State OH		Zip Code 43017		M 1		D 0	
						Y 2		Amount \$100.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH						Y	
								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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$1,050.00**