

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 D Y 0 6 0 5 1 3	Amount 200.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Anonymous Cash Contributions			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 6 1 3 1 3	Amount 90.00
City	State I	Zip Code	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 D Y 0 6 1 3 1 3	Amount 50.00
City Powell	State O H	Zip Code 43065	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 D Y 0 6 1 3 1 3	Amount 50.00
City Powell	State O H	Zip Code 43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard W Bailev II			Registration Number, if PAC	
Street Address 7685 Fulmar Drive	Employer/Occupation/Labor Organization*		M D Y 0 6 1 3 1 3	Amount 50.00
City Dublin	State O H	Zip Code 43017	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 D Y 0 6 1 3 1 3	Amount 50.00
City Dublin	State O H	Zip Code 43017	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 D Y 0 6 1 3 1 3	Amount 50.00
City Dublin	State O H	Zip Code 43016	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