Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						-	
Gwen Callender for Judge							
Full Name of Contributor			Danish	ation Num	Anni (f D))C	
Joyce T Rvbak			Regisa	audii Neii	ioci, ii rr		
Street Address	Fmployer/Occur	pation/Labor Organization*				Form (Cash, Check,)
2709 Berwyn Road	LampioyenOccup	anour Labor Organization					eic,)
City	State	Zip Code	- 1 14	1 5	Τν	Check	
Columbus	O H	·	M	D	Y	Amount	25.00
Full Name of Contributor	10111	43221		16			25.00
Derric D McDonald			Registr	auon Nur	iber, ii PA	ic.	
Street Address	Elaws/0-sw	anian/Laban Oii*				r (0.1.07.1	
1360 Bartley Road	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	· · · · · · · · · · · · · · · · · · ·	Ta: C. 1	 	1 .	T	Check	
´_	State O H	Zip Code	M	D	Y	Amount	
Dayton Full Name of Contributor	O H	45414		16			50.00
			Registra	ation Num	iber, if PA	.C	
Jack R Holycross Street Address							
	ľ	ation/Labor Organization*		Form (Cash, C			etc.)
5826 Ravine Creek Drive	None/Retired					Check	
City	State	Zip Code	M	D	Y.	Amount	
Grove City	OIH	43123		1 6			00.00
Full Name of Contributor			Registra	tion Num	iber, if PA	.c	
Patricia R Riggs							
Street Address	Employer/Occup				Form (Cash, Check, o	etc.)	
436 Bonzo Road	None/Retired					Check	
City	State	Zip Code	М	D	Y	Amount	_
Ironton	O H	45638	019	116	113	1	00.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Duke M Rakich							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, e	etc.)
9984 Brewster Lane	Self-emp	Self-employed/Dentist				Check	
City	State	Zip Code	М	D	Y	Amount	
Powell	O H	43065	019	116	113	1	00.00
Full Name of Contributor				tion Num			
Catherine M Sprunger							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, e	etc.)	
618 Reindeer Lane	1			Check			
City	State	Zip Code	М	D	Y	Amount	
Gahanna	ОІН	43230	nla	116	113	2	00.00
Full Name of Contributor	, <u> </u>	10200		tion Num			00.00
Jacqueline K Wegman							
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Check, e	etc.)
545 Dussel Drive	, ,, , 3.5 3.6					Check	
City	State	Zip Code	Тм	D	Y	Amount	
Maumee	OH	43537	I .	2 4	1 3		25.00
Full Name of Contributor	101	40007		tion Num			23.00
Michele M Coss			140,2304		oci, ii i	C	
Street Address	Employer/Occurs	ation/Labor Organization*				Form (Cash, Check, e	tc)
7665 W Kestrel Wav	Employer/Occupation/Labor Organization*			Check			
City City	State	Zip Code	М	D	Y	Amount	
							25.00
Dublin	O H	43017	1019	214	113		25.00

* 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)]

Page Total \$	625.00