

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge							
Full Name of Contributor Vorvs Sater Seymour & Pease LLP Advocate for Effective Public Ad						Registration Number, if PAC OH109	
Street Address 52 East Gav Street, PO Box 1008		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 8	D 1 9	Y 1 3	Amount 1,000.00	
Full Name of Contributor Steven L May						Registration Number, if PAC	
Street Address 1769 Eastbrook Drive South		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43223	M 0 8	D 3 1	Y 1 3	Amount 25.00	
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 0 8	D 3 1	Y 1 3	Amount 50.00	
Full Name of Contributor Holly Fischer						Registration Number, if PAC	
Street Address 7825 Kingman Place		Employer/Occupation/Labor Organization* Self-employed/ Attorney				Form (Cash, Check, etc.) Check	
City Lewis Center	State O H	Zip Code 43035	M 0 8	D 3 1	Y 1 3	Amount 50.00	
Full Name of Contributor Albert A Gabel						Registration Number, if PAC	
Street Address 7190 Coffman Road		Employer/Occupation/Labor Organization* None/ Retired				Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0 8	D 3 1	Y 1 3	Amount 100.00	
Full Name of Contributor Marsha A Temple						Registration Number, if PAC	
Street Address 8173 Balloch Court		Employer/Occupation/Labor Organization* Self-employed/ Edu Management Professio				Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0 8	D 3 1	Y 1 3	Amount 100.00	
Full Name of Contributor Thomas Tootle/ Law Office of Thomas Tootle Co LPA						Registration Number, if PAC	
Street Address 85 East Gav Street, Suite 900		Employer/Occupation/Labor Organization* Self-employed/ Attorney				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 8	D 3 1	Y 1 3	Amount 125.00	
Full Name of Contributor Richard L Foster						Registration Number, if PAC	
Street Address 5580 Marita Lane		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43235	M 0 9	D 1 6	Y 1 3	Amount 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 \$ 1,475.00