

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 David J Leland/Carpenter Lipps & Leland LLP				Registration Number, if PAC		
Street Address 280 North High Street, Suite 1300	Employer/Occupation/Labor Organization* Carpenter Lipps/ Attorney		M 1	D 0	Y 2	Amount 300.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Harry J Ryan				Registration Number, if PAC		
Street Address 23 Pickett Place	Employer/Occupation/Labor Organization* New Albany Com/ Board o		M 1	D 1	Y 2	Amount 100.00
City New Albany	State O	Zip Code 43054	Form(Cash,Check,etc) Check			
Full Name of Contributor Dennis L Wojtanowski				Registration Number, if PAC		
Street Address 2939 Creekwood Estates Drive	Employer/Occupation/Labor Organization* Democratic Voices/Founde		M 1	D 1	Y 2	Amount 100.00
City Blacklick	State O	Zip Code 43004	Form(Cash,Check,etc) Check			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

* 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 \$ 500.00