

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 Kevin Griffin | | | Registration Number, if PAC | |
| Street Address 5559 Kinvarra Lane | Employer/Occupation/Labor Organization* Dublin Edu Assoc/Pres | | M 0 | D 6 |
| City Dublin | State O H | Zip Code 43016 | Y 1 | Amount 50.00 |
| Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor Donna O'Connor | | | Registration Number, if PAC | |
| Street Address 5065 Winchell Court | Employer/Occupation/Labor Organization* Dublin City School/Teache | | M 0 | D 6 |
| City Dublin | State O H | Zip Code 43017 | Y 1 | Amount 50.00 |
| Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor Friends of Donna O'Connor | | | Registration Number, if PAC | |
| Street Address 5065 Winchell Court | Employer/Occupation/Labor Organization* Dublin City School/Teache | | M 0 | D 6 |
| City Dublin | State O H | Zip Code 43017 | Y 1 | Amount 50.00 |
| Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor Mary Jo Armstrong | | | Registration Number, if PAC | |
| Street Address 7564 Sagewood Court | Employer/Occupation/Labor Organization* Dublin City School/Teache | | M 0 | D 6 |
| City Columbus | State O H | Zip Code 43235 | Y 1 | Amount 50.00 |
| Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor Joe D Riedel | | | Registration Number, if PAC | |
| Street Address 7423 Balfoure Circle | Employer/Occupation/Labor Organization* None/Retired | | M 0 | D 6 |
| City Dublin | State O H | Zip Code 43017 | Y 1 | Amount 50.00 |
| Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor Ralph J Feasel Jr | | | Registration Number, if PAC | |
| Street Address 8100 Hyland Croy Road | Employer/Occupation/Labor Organization* None/Retired | | M 0 | D 6 |
| City Plain City | State O H | Zip Code 43064 | Y 1 | Amount 50.00 |
| Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor Stephanie W Armbuster | | | Registration Number, if PAC | |
| Street Address 9115 Moors Place N | Employer/Occupation/Labor Organization* Dublin Edu Assoc/Pres | | M 0 | D 6 |
| City Dublin | State O H | Zip Code 43017 | Y 1 | Amount 50.00 |
| 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 \$ 350.00