

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 Cathy Collins-Taylor				Registration Number, if PAC	
Street Address 1643 Demaret Lane	Employer/Occupation/Labor Organization* Franklin Co/ Com Based C		M 0	D 3	Y 13
City Columbus	State OH	Zip Code 43228	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Catherine A Brockman				Registration Number, if PAC	
Street Address 765 Lakeview Drive	Employer/Occupation/Labor Organization* FOP of Ohio/Ohio Labor C		M 0	D 3	Y 13
City West Jefferson	State OH	Zip Code 43162	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Charles M Choate				Registration Number, if PAC	
Street Address 1778 Northampton Road, Apt E2	Employer/Occupation/Labor Organization* FOP/Staff Rep		M 0	D 4	Y 13
City Akron	State OH	Zip Code 44313	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Michelle R Evans				Registration Number, if PAC	
Street Address 8507 Trail Lake Drive	Employer/Occupation/Labor Organization*		M 0	D 4	Y 13
City Powell	State OH	Zip Code 43065	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Aaron Crawford				Registration Number, if PAC	
Street Address 180 Woodsvlew Drive	Employer/Occupation/Labor Organization*		M 0	D 4	Y 13
City Canal Winchester	State OH	Zip Code 43110	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Weslev H Elson				Registration Number, if PAC	
Street Address 2289 Adamsville Road	Employer/Occupation/Labor Organization*		M 0	D 4	Y 13
City Zanesville	State OH	Zip Code 43701	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Joel R Barden				Registration Number, if PAC	
Street Address 460 S Ogden Ave	Employer/Occupation/Labor Organization* None/Retired		M 0	D 4	Y 13
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 50.00

* 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)]

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 \$ 725.00