

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 D Y 0 6 1 3 1 3	Amount 50.00
City Dublin	State O H	Zip Code 43016	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 D Y 0 6 1 3 1 3	Amount 50.00
City Dublin	State O H	Zip Code 43017	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*		M D Y 0 6 1 3 1 3	Amount 50.00
City Dublin	State O H	Zip Code 43017	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 D Y 0 6 1 3 1 3	Amount 50.00
City Columbus	State O H	Zip Code 43235	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 D Y 0 6 1 3 1 3	Amount 50.00
City Dublin	State O H	Zip Code 43017	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 D Y 0 6 1 3 1 3	Amount 50.00
City Plain City	State O H	Zip Code 43064	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*		M D Y 0 6 1 3 1 3	Amount 50.00
City Dublin	State O H	Zip Code 43017	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