Event Date	4/30/13
Page	15

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			Panistonia	Number, if PA	·C	-	
			Registration	i Number, ii ra	ic.		
Gary A Wolske Street Address	Temployer Course	sion/Labor Organization*	M	D Y	Amount		
	Employer/Occupation/Labor Organization*			8 113		50.00	
6109 Hathaway	FOP/VP State Zip Code		Form(Cash,		!	30.00	
Carfield Heights	O H	44125		heck			
Garfield Heights Full Name of Contributor	1 () 11	14123		Number, if PA	AC		
			Registration	, (miloci, ii i i			
Bradford J. Sibley III Street Address	Employer/Occups	tion/Labor Organization*	М	D Y	Amount		
		Employer/Occupation/Labor Organization*		1 8 1 3		100.00	
4707 Cadmus Drive	State	Columbus/Firefighter State Zip Code		Check,etc)		100.00	
Columbus	OH	43228	1 '	heck			
Full Name of Contributor	() 11	43220	_	Registration Number, if PAC		<u> </u>	
Iason McDonald				· • • • • • • • • • • • • • • 	•		
Street Address	Employer/Occupa	ttion/Labor Organization*	М	D Y	Amount		
1165 Blois Drive	1 '			18 113		100.00	
City	State	FOP/President State Zip Code		Check,etc)		100:00	
Marion	OH	43302		heck			
Full Name of Contributor	1 () 1 11	() II <u>400</u> 02		Registration Number, if PAC			
Robert J Young							
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D Y	Amount	-	
7040 Bold Forbes Court	1	Franklin Co/HR Director		018 1 3		250.00	
City	State	Zip Code	Form(Cash,				
Blacklick	OH	43004	C	heck			
Full Name of Contributor	1 (7 : -=	<u> </u>		Number, if PA	AC .		
Robert Sauter/Cloppert, Latanick, Sau	ter & Wash	burn					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D Y	Amount		
225 East Broad Street	Self-emr	Self-employed/Attorney) 8 1 3		250.00	
City	State	Zip Code		Check,etc)			
Columbus	$O \mid H$	43215		heck			
Full Name of Contributor		Registration Number, if PAC					
Weston Hurd LLP West-O-PAC			OH455				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D Y	Amount		
1301 East 9th Street, Suite 1900			015	0 8 1 3		250.00	
City	State	Zip Code	Form(Cash.	Check etc)			
Cleveland	$O \mid H$	44114		hec <u>k</u>			
Full Name of Contributor			Registration	n Number, if Pa	AC		
Henry Arnett/Livorno and Arnett Co	LPA						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D Y	Amount		
1335 Dublin Road, Suite 108-B	Self-emp	Self-employed/Attorney		0 8 1 3		250.00	
City	State	Zip Code	,	Check etc)			
Columbus	O H	432 <u>15</u>	<u> </u>	<u>heck</u>			

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 \$ 1,250.00
1		

^{*} 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)]