

Event Date 4/3/13Page 14

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 John R Looman			Registration Number, if PAC	
Street Address 1501 Belmont Avenue	Employer/Occupation/Labor Organization* None/Retired		M D Y 0 4 0 6 1 3	Amount 50.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) Check	
Full Name of Contributor Sharon R Austin			Registration Number, if PAC	
Street Address 2130 Iuka Avenue	Employer/Occupation/Labor Organization* OH Capital Corp/Develop		M D Y 0 4 0 6 1 3	Amount 50.00
City Columbus	State O H	Zip Code 43201	Form(Cash,Check,etc) Check	
Full Name of Contributor Chester Delong			Registration Number, if PAC	
Street Address 21667 Wolform Maskill	Employer/Occupation/Labor Organization* FOP/OLC/Recruiter		M D Y 0 4 0 6 1 3	Amount 100.00
City Marvsville	State O H	Zip Code 43040	Form(Cash,Check,etc) Check	
Full Name of Contributor Hyman Cohen/Hyman Cohen Co LPA			Registration Number, if PAC	
Street Address PO Box 22360	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M D Y 0 4 0 6 1 3	Amount 100.00
City Cleveland	State O H	Zip Code 44122	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert J Walter			Registration Number, if PAC	
Street Address 3040 Lane Woods Ct	Employer/Occupation/Labor Organization* Buckley King/ Attorney		M D Y 0 4 0 6 1 3	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Richanne M Zymkoski			Registration Number, if PAC	
Street Address 2128 Poplar Street	Employer/Occupation/Labor Organization* Franklin County/ Bailiff		M D Y 0 4 0 6 1 3	Amount 100.00
City Columbus	State O H	Zip Code 43207	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard D Sambuco			Registration Number, if PAC	
Street Address 207 Greentree Drive	Employer/Occupation/Labor Organization* Self-employed/ Arbitrator		M D Y 0 4 0 6 1 3	Amount 100.00
City St. Clairsville	State O H	Zip Code 43950	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 \$ 600.00