31-E R.C. 3517.10(B)

Event Date	4/3/13
Page	16

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05						
Name of Committee in Full	•							
Gwen Callender for Judge							<u> </u>	
Full Name of Contributor		Registration Number, if PAC						
Paul L Cox		. <u> </u>	1	D				
Street Address		Employer/Occupation/Labor Organization*				Amount	=00.00	
222 East Town Street	Self-emp	Self-employed/Attorney_			1 3		50 <u>0.00</u>	
City	State	Zip Code	Form(Casl					
Columbus	<u>0   H</u>	43215		<u>lheck</u>				
Full Name of Contributor				Registration Number, if PAC				
Tracy L Rader			I M T					
Street Address	1	Employer/Occupation/Labor Organization*		D	Y	Amount	<b>200.00</b>	
5589 Blue Star Drive	FOP/Sta		0 4				600.00	
City	State	Zip Code	Form(Cas		-			
Grove City	<u> </u>	43123		<u>Thecl</u>				
Full Name of Contributor			Registratio	on Numl	oer, il PA	C		
Lionel R Rader		<del> </del>	1, 1		Y	Amount	<del>-</del> _	
Street Address		ation/Labor Organization*	M	D		Amormi	600.00	
5589 Blue Star Drive	FOP/Sta		0 4 Form(Cas		1 3		00.00	
City	State	Zip Code		hecl				
Grove City	OIH	43123	Registratio			C		
Full Name of Contributor			Registrati	он мши	uet, ii i A			
Larry Ray	- I 10	of all and Commissions	MI	D	Y	Amount		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		210		1 unoun	50.00	
7140 Bunker Hill South Road		- In: 0.1		th,Check			50:00	
City	State	Zip Code 44822		Checl				
Butler	OH	44022	Registrati			ı.C		
Full Name of Contributor	·		I CE ESSUAL.		<b>CCI, 11</b>			
Frederick Gittes/The Gittes Law G	Flove/Occur	Employer/Occupation/Labor Organization*			M D Y Amount			
Street Address		Self-employed/Attorney					50.00	
723 Oak Street	State	Zip Code	0 4 2 0 1 3 Form(Cash,Check,etc)					
City	OH	43205	Check					
Columbus	() + 11	()   H   43203			Registration Number, if PAC			
Full Name of Contributor								
	Employer/Occur	ation/Labor Organization*	м	D	Y	Amount		
Street Address	Linployer/occup	Employer/occupation and organization		1	l i	l		
	State	Zip Code	Form(Ca	sh,Chec	k,etc)			
City	1	2.0						
Full Name of Contributor			Registrat	ion Nun	iber, if P/	٩C		
I di Nano di Compioni								
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*		D	Y	Amount		
City	State	Zip Code	Form(Ca	sh,Chec	k,etc)			
	1							
		,						
Required for contributions from individuals over \$100 to statewide a	and general assembly cand	lidates. If contributor is self-emp	oloyed, the o	ceupatio	n and the	name of the		

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 S 1.800.00
		<del>_</del> _

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)]