Event Date	8/27/13
Page	40

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		Registration Num	ber, if PAC		
Joseph F Mismas	<u> </u>		1 1 5	Y Amount	<u> </u>
Street Address	Employer/Occupation	on/Labor Organization*	М D 018 3 1	l B	25.00
2644 Glenmawr Ave	S.m. 17	ip Code	Form(Cash,Chec)		23.00
City Call makes a	1 77	43202	Chec		
Columbus Full Name of Contributor	<u> </u>	45202	Registration Num		
Ioel R Barden					
Street Address	Employer/Occupation	on/Labor Organization*	M D	Y Amount	
460 South Ogden Avenue	1 ' '	None/Retired		1 3	25.00
City		ip Code	Form(Cash,Checl	c,etc)	
Columbus	OIH	43204	Chec.	k _	
Full Name of Contributor			Registration Number, if PAC		
Sharon R Austin					
Street Address		on/Labor Organization*	M D	Y Amount	50.00
2130 Iuka Avenue		al Corp/Develop	0 8 3 1		50 <u>.00</u>
City		Lip Code	Form(Cash,Chec		
Columbus	<u> </u>	43201	Chec Registration Num		
Full Name of Contributor			Registration Nutr	iver, if the	
John R Looman	Employer/Occupati	on/l abor Organization*	M D	Y Amount	
Street Address 1501 Belmont Avenue	Employer/Occupation/Labor Organization* None/Retired		0 8 3 1	113	50.00
City			Form(Cash,Chec		
Columbus	OH	43201	Chec	k	
Full Name of Contributor	(7. * 22)		Registration Nun	iber, if PAC	
Tim Jochim					
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	
378 Walhalla Road	Self-empl	Self-employed/Attorney		1 3	50. <u>00</u>
City	1	Zip Code	Form(Cash,Chec		
Columbus	O H 43202		Check		
Full Name of Contributor			Registration Number, if PAC		
John H Haseley			M D	Y Amount	
Street Address	Employer/Occupati	ion/Labor Organization*	0 8 3 1		50.00
9546 Hooper Road		Zip Code	Form(Cash,Chec		30.00
City	State	45701	Chec		
Athens] () I A]	43701	Registration Nur		
Full Name of Contributor					
Aaron S Pickrell Street Address	Employer/Occupat	ion/Labor Organization*	M D	Y Amount	
34 North Remington Road			018 311	1 3	50.00
City	State Zip Code		Form(Cash,Chec		
Bexlev	ОТН	43209	_Chec	:k	
DUALLY					·

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 \$300.00
<u> </u>		

organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]