3]-	C		
R	c	351	17	16

Page	8
٠	

Statement of Loans Received

Prescribed by Secretary of State3/0:

				• • • • • • • • • • • • • • • • • • • •	scribed b	, occieta	. y 01 5ta	.05.05					
Full Name of Committee													
Gwen Callender for Ju	udge												
From Whom Received							Prior Ar			Amt. Incurred this Period			
Gwen Callender									3,000.00			0.	.00
Address												Outstanding Balance	_
8772 Crampton Drive												1,266.	.55
City		Zip Code	:	Loa	ns Receiv	ed This	Period				Pavm	· · · · · · · · · · · · · · · · · · ·	० ९
Powell	ЮН	43063	5				Amount	Date			Amount	- 7	
Date Loan was originally	M!	D	Y	M [†]	D	Y	s		M	D	Y	s	
Incurred	0 3	0 1	113		1				1 2	013	1 3	1733	3.45
Registration Number, if PAC				M.	D	Y			М	D	Y		
Employer/Occupation/Labor Organization*				Mr	D	Y	╅		М	D .	Y		
FOP/Attorney							1			Ιĭι			
From Whom Received				<u> </u>	<u>'</u>	1 '	•		Prior Ar	nount	1 :	Amt. Incurred this Period	_
									1				
Address												Outstanding Balance	
City	State	Zip Code	:	Loa	ns Receiv	ed This	Period		Payments This Period				
	1 1				Date			Amount	Date			Amount	
Date Loan was originally	M ₁	D	Y	M ₂	D	Y	S		M	D	Y	S	-
Incurred					;								
Registration Number, if PAC				M ₁	D	Y			М	D	Y		
Employer/Occupation/Labor Organization®				M.	D	Y	₩		M	D	Y	-	
employer/Occupation/Labor Organization						l 'i				Ιĭ	l 'i		
From Whom Received				<u>'</u>	<u>'</u>	<u> </u>	1		Prior Amount			Amt. Incurred this Period	
Address												Outstanding Balance	
City	State	Zip Code	:	Loans Received This Period			Payments This Period						
			Date Amount				Date			Amount			
Date Loan was originally	M;	D	Y	M	D	Y	s		M	D	Y	s	
Incurred		į į			<u> </u>						<u> </u>	1	
Registration Number, if PAC				Mi I	D	Y			M	D	Y		
				<u> </u>			╙		- - -	<u> </u>			
Employer/Occupation/Labor Organization*				M _i	D _.	Y			M!	D	Y.		
<u>, </u>					<u> </u>					<u> </u>	1 !	<u></u>	
Required for contributions over \$100 to s	a			454	16		16	laurd resumption of	d sha nam	a af iba in	direidual'e	hucinace	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form	No. 31-A-2).
Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B), Transfer Total Outstanding Balance to the cover page (Forn	n No. 30-A).

1	Total prior amount \$	3,000.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	1,733.45	(also record on Form 31-B)
4	Total Outstanding Balance \$	1,266.55	(To Form No. 30-A)

Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business
if any, rather than employer should be listed. If two ormore employees donate 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(BX4)