

Event Date	9/19/13
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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 Thomas A Sraver III			Registration Number, if PAC	
Street Address 1558 Runaway Bay Drive, Apt 3B	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 30.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Kelly J Smith			Registration Number, if PAC	
Street Address 4174 Bryson Cove Circle	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 30.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check	
Full Name of Contributor Brian J Lidle			Registration Number, if PAC	
Street Address 5383 Sutter Home Road	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 30.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check	
Full Name of Contributor Amy N Meadows			Registration Number, if PAC	
Street Address 3213 Middleboro Way	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 30.00
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check	
Full Name of Contributor Jan Geise			Registration Number, if PAC	
Street Address 2579 Starford Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 30.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check	
Full Name of Contributor Brooke E Bovenizer			Registration Number, if PAC	
Street Address 337 Brownsfell Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 30.00
City Columbus	State O H	Zip Code 43235	Form(Cash,Check,etc) Check	
Full Name of Contributor Jane M Keeran			Registration Number, if PAC	
Street Address 6884 Spruce Pine Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 2 4 1 3	Amount 30.00
City Columbus	State O H	Zip Code 43235	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 \$ 210.00