Event Date	8/27/13
Page	39

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	Secretary of State 3/05				
Name of Committee in Full						
Gwen Callender for Judge						
Full Name of Contributor			Registration Number, if PAC	Registration Number, if PAC		
Jack W Decker						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
1077 Neil Avenue			0 8 3 1 1 1 3	50.00		
Cíty	State	Zip Code	Form(Cash,Check,etc)			
Columbus	lol H	43201	Check			
Full Name of Contributor			Registration Number, if PAC			
Carol S Young						
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amount			
765 Collingwood Drive	1		0 8 3 1 1 3	50.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Westerville	$\mid o \mid H$	43081	Check			
Full Name of Contributor			Registration Number, if PAC			
John P Kennedy/Crabbe Brown & Jam	ies					
Street Address		upation/Labor Organization*	M D Y Amount			
500 South Front Street, Suite 1200	Crabbe	Brown/Attorney	0 8 3 1 1 1 3	100.00		
City	State	Zîp Code	Form(Cash,Check,etc)			
Columbus	$ \cap H$	43215	Check			
Full Name of Contributor			Registration Number, if PAC			
Louis W Capobianco			<u></u>			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
7649 Toweron Lane	Self-employed/Consultant		t 0 8 3 1 1 1 3	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43235	Check			
Full Name of Contributor			Registration Number, if PAC			
Citizens to Elect Mike Schadek						
Street Address	Employer/Occi	upation/Labor Organization*	M D Y Amount			
1537 Guilford Road			0 8 3 1 1 3	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	$\mid \cap \mid H$	43221	Check			
Full Name of Contributor	Registration Number, i		Registration Number, if PAC			
R Kevin Kerns						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
1902 Lake Shore Drive	Self-employed/Attorney		0 8 3 1 1 3	250.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	$ \cap H$	43204	Check			
Full Name of Contributor			Registration Number, if PAC			
Friends of John O'Grady Committee						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
545 East Town Street			0 9 1 6 1 3	100.00		
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	$O \mid H$	[43215	Check			
						

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 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
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[•] 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)]