31-E R.C. 3517.10(B)

Event Date	9/19/13
Page	45

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	Prescribed by Secretary of State 3/05							
Name of Committee in Full Gwen Callender for Judge									
Full Name of Contributor					Registration Number, if PAC				
Susan C Hutras			`						
Street Address	Employer Occup	М	Đ	Υ	Amount				
7834 Silver Rose Ct	Self-emr	Self-employed/Research		116	113	1	100.00		
City	State	Zip Code		1 1 0 1 6 1 3 100.0					
Dublin	$ \cap H$	43016	Check						
Full Name of Contributor		· -	Registra	tion Nur	ber, if P.	AC			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount			
				i					
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
Full Name of Contributor			Registra	ition Nun	iber, if P	AC			
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount					
0.000		Employen occupation Edition Organization			Ιì				
City	State	Zip Code	Form(C:	ash Chec	k,etc)				
•	}								
Full Name of Contributor				Registration Number, if PAC					
Street Address	Employer/Occum	ation/Labor Organization*	M	D	Y	Amount			
Succe radiuss	Limpioyen occup	Employer/Occupation/Labor Organization*			Ι'n				
City	State	Zip Code	Form(C:	ash Chec	k,etc)				
		'	,						
Full Name of Contributor	<u> </u>		Registra	ition Nun	ber, if P	AC			
<u></u>	<u> </u>		M	T 6	1 1/	т			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount			
		Const. Trie Code		och Chen	li eta)	-			
City	State	Zip Code	Form(Cash,Check,etc)						
Full Name of Contributor			Registra	ition Nun	nber, if P	AC			
Street Address	Employer Occum	Employer/Occupation/Labor Organization*			Y	Amount			
Street Address	Employeroccup	Employer occupation buoor organization		D					
City.	State	Zip Code	Form(C	ash,Chec	k,etc)				
Full Name of Contributor			Registra	ution Nun	nber, if P	AC			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount			
City	State	State Zip Code		Form(Cash,Check,etc)					

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 \$

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)]