31-E R.C. 3517.10(B)

Event Date	4/3/13			
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by S	ecretary of State 3/05						
Name of Committee in Full								
Gwen Callender for Judge								
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Kay E Cremeans								
Street Address	1 ' -	pation/Labor Organization*	M	D	Y	Amount	-	
5699 Saint Paul Road	FOP/C	LC Inc/Attorney	0 4	016	1 3		200.00	
City	State	Zip Code	Form(Ca	ish,Check	c,etc)			
Ashville	O H 43103			Check				
Full Name of Contributor	ame of Contributor			Registration Number, if PAC				
Russell Carnahan/Hunter, Carnahan,	Shoub & I	Byard						
Street Address		pation/Labor Organization*	М	D	Y	Amount		
3360 Tremont Road, 2nd Floor	Self-em	ployed/Attorney	0 4	016	1 3		200.00	
City	State	Zip Code	Form(Ca	ish,Checl	ςetc)			
Columbus	O H	43221	1	Checl	<u>k </u>			
Full Name of Contributor			Registra	tion Num	ber, if PA	C	·	
Michael S Weinman			!					
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount		
505 Springs Drive	FOP of	OH/Legislative Ag	014	016	113		200.00	
City	State	Zip Code		ish,Checl	c,etc)			
Columbus	$\mid \cap \mid H$	43214	(Chec!	k			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Committee to Elect Robert Goheen								
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount		
2750 Township Road 155			0 4	016	113		4.99	
City	State	Zip Code	Form(Ca	sh,Checl	cetc)			
Cardington	O H	43315		Checl	k			
Full Name of Contributor Registration Number, if PAC								
Robert L Goheen				_				
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount		
2750 Township Road 155	FOP/C	FOP/OCC		0 6	1 3	<u> </u>	250.00	
City	State	Zip Code	Form(Ca	ish,Checl	k,etc)			
Cardington	O H	43315		Chec!	k			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Tara Crawford								
Street Address	Employer/Occi	pation/Labor Organization*	М	D	Y	Amount		
180 Woodsview Drive	FOP/Paralegal		0 4	0 6	1 3		300.00	
City	State	Zip Code	Form(Ca	ash,Checl	cete)			
Canal Winchester	O H	43110	1	Chec:	<u>k</u>			
Full Name of Contributor			Registra	tion Num	ber, if PA	.C		
Linda K Fielv								
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount		
6785 Winchester Road	OEA/Attorney				1 3		300.00	
City	State Zip Code		Form(Cash,Check,etc)					
Carroll	$0 \mid H$	4311 <u>2</u>	<u> </u>	Chec.	<u>k</u>			

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 S 1 454 QQ

^{*} 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)]