Event Date	6/20/13
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## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05						
Name of Committee in Full								
Gwen Callender for Judge								
Full Name of Contributor					Registration Number, if PAC			
Corey Trusso	le 1 10		M	D	Ιν	Amoust	· <del></del>	
Street Address		Employer/Occupation/Labor Organization*			$\begin{vmatrix} \mathbf{Y} \\ 1 \end{vmatrix} 3$	Amount	25.00	
137 East Livingston Avenue	Nationw State	ride/Financial Serr Izip Code	Form(Cas	2 9			25.00	
Calcardana				Cash				
Columbus Full Name of Contributor	O H 43215		Registration Number, if PAC					
Robert Krapenc					,			
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*			Y	Amount		
601 South High Street			016	2 9	113		50.00	
City	State	Zip Code	Form(Cas					
Columbus	lo I H	43215		Cash	l			
Full Name of Contributor			Registrati			AC .		
Julie M Pfeiffer								
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount		
2639 Tudor Road			0 6	2 9			99.00	
City	State	Zip Code	Form(Cas					
Columbu <u>s</u>	OH	43209		Chec.			_	
Full Name of Contributor	- <del>-</del>		Registrat	ion Num	ber, if PA	AC .		
Christopher M Brown/Christophe	<u>er M Brown Lav</u>	v Offices LLC	ļ.,		T			
Street Address	1	ation/Labor Organization*	M	D Olo	Y	Amount	250.00	
601 South High Street, Floor 1		oloyed/Attorney	016				250.00	
City	State	Zip Code 43215	Form(Ca					
California				[hec]		) C		
Columbus	<u>0 H</u>	40210		ion Num	her if DA			
Full Name of Contributor	I O I H	40210	Registrat	ion Num	iber, if PA			
Full Name of Contributor			Registrat		iber, if PA	_	_	
		ation/Labor Organization*		ion Num	y	Amount	_	
Full Name of Contributor  Street Address	Employer/Occup	ation/Labor Organization*	Registrat M	D 	Y	_	_	
Full Name of Contributor			Registrat	D 	Y	_	_	
Full Name of Contributor  Street Address  City	Employer/Occup	ation/Labor Organization*	M   Form(Ca	D   sh,Chec	Y	Amount	_	
Full Name of Contributor  Street Address	Employer/Occup	ation/Labor Organization*	M   Form(Ca	D   sh,Chec	Y k,etc)	Amount		
Full Name of Contributor  Street Address  City  Full Name of Contributor	Employer/Occup State	ation/Labor Organization*	M   Form(Ca	D   sh,Chec	Y k,etc)	Amount		
Full Name of Contributor  Street Address  City	Employer/Occup State	ation/Labor Organization*  Zip Code	M   Form(Ca	D   sh,Check	Y k,etc)	Amount		
Full Name of Contributor  Street Address  City  Full Name of Contributor  Street Address	Employer/Occup State	ation/Labor Organization*  Zip Code	M   Form(Ca	D	y k,etc)	Amount		
Full Name of Contributor  Street Address  City  Full Name of Contributor	Employer/Occup  State	Zip Code Zip Code ation/Labor Organization*	M   Form(Ca	D	y k,etc)	Amount		
Full Name of Contributor  Street Address  City  Full Name of Contributor  Street Address  City	Employer/Occup  State	Zip Code Zip Code ation/Labor Organization*	M   Form(Ca	D 	y k,etc)	Amount  AC  Amount		
Full Name of Contributor  Street Address  City  Full Name of Contributor  Street Address  City	Employer/Occup  Employer/Occup  State	Zip Code  Zip Code  ation/Labor Organization*	Registrat  M Form(Ca  Registrat  M Form(Ca	D	k,etc)  Y  Aber, if P/  X  k,etc)	Amount AC		
Full Name of Contributor  Street Address  City  Full Name of Contributor  Street Address  City	Employer/Occup  Employer/Occup  State	Zip Code Zip Code ation/Labor Organization*	M   Form(Ca	D 	k,etc)	Amount  AC  Amount		
Full Name of Contributor  Street Address  City  Full Name of Contributor  Street Address  City  Full Name of Contributor	Employer/Occup  Employer/Occup  State	ation/Labor Organization*  Zip Code  ation/Labor Organization*  Zip Code  ation/Labor Organization*	Registrat  M Form(Ca  Registrat  M Form(Ca	sh,Checion Num  D	k,etc)  Aber, if P/  k,etc)  Y  k,etc)  Aber, if P/	Amount AC		
Full Name of Contributor  Street Address  City  Full Name of Contributor  Street Address  City  Full Name of Contributor	Employer/Occup  Employer/Occup  State	Zip Code  Zip Code  ation/Labor Organization*	Registrat  M Form(Ca  Registrat  M Form(Ca	sh,Checion Num  D	k,etc)  Aber, if P/  k,etc)  Y  k,etc)  Aber, if P/	Amount AC		

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 Contribution 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 \$ 424.00

Required for contributions from individuals over \$100 to statewide and general assembly candidates. It 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)]