Event Date	9/26/13
Page	50

## 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							
David J Leland/Carpenter Lipps & Le	eland LLP		M	I D					
Street Address	1 ' ' '	Employer/Occupation/Labor Organization*			Y	Amount	200.00		
280 North High Street, Suite 1300		Carpenter Lipps/Attorney		0 2			300.00		
City		State Zip Code  OH 43215		ash Checl					
Columbus	OH	Check Registration Number, if PAC							
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC.			
Harry J Ryan Street Address	Employer/Occurs	ntian/I abor Organization*	M	ΙD	ΙΥ	Amount			
23 Pickett Place		Employer/Occupation/Labor Organization*  New Albany Com/Board o					100.00		
City	State	Zip Code		ash,Checl		1	100.00		
New Albany	OIH	43054		Chec					
Full Name of Contributor	1 () 1. 11	10004	Registration Number, if PAC						
Dennis L Wojtanowski					,				
Street Address	Employer/Occups	ation/Labor Organization*	М	D	Y	Amount			
2939 Creekwood Estates Drive		atic Voices/Founde	110	1112	113		100.00		
City	State	Zip Code	Form(C	ash Checl			0,000		
Blacklick	OIH	43004		Chec	k				
Full Name of Contributor		1 17 1			Registration Number, if PAC				
Street Address	Employer/Occup	ntion/Labor Organization*	М	D	Y	Amount			
City	State	Zip Code	Form(C	ash,Chec	k,etc)				
Full Name of Contributor		·	Registra	ttion Nur	iber, if Pa	AC			
			М	,	,				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		P	Y	Amount			
		T		1 1	<u> </u>		_		
City	State	Zip Code	Form(C	Form(Cash,Check,etc)					
	1		ln ·		1 'CD	i c			
Full Name of Contributor			Registra	ition Nurr	ider, it ra	ac.			
C 4.14	Employer/Occurs	ation/Labor Organization*	М	l D	Y	Amount	<del></del>		
Street Address	Employer/Occupation/Labor Organization*		"		Ι'n	7 LLI KOLLIK			
City	State	Zip Code	Form(C	ash,Checl	k etc)		_		
City	J. J.	Zip Code			,				
Full Name of Contributor	<u> </u>	<u> </u>	Registra	tion Nur	ber, if P	AC			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount			
City	State	Zip Code	Form(C	ash Chec	k,etc)				
<u> </u>									
		<u> </u>					_		
equired for contributions from individuals over \$100 to statewide and ge	neral assembly candi	dates. If contributor is self-emplo	yed, the	occupatio	n and the	name of the			

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 \$500.00
	<u> </u>	

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)]