Event Date	8/8/13
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05					
Name of Committee in Full		• "					
Gwen Callender for Judge			· -				
ull Name of Contributor			Registra	tion Nun	ber, if P	AC .	
Toure McCord			 ,,		Т	1	
Street Address	1	nation/Labor Organization	M	D	Y	Amount	40.00
844 South Front Street		ployed/Attorney	0 8	1 9 ash Chec			40.00
Tity	State	Zip Code	Formica				
Columbus	<u> </u>	43206	Pagistra	Cash	l iber, if PA		
ull Name of Contributor			Kegisua	nioti tem	1061, 1117	ıc	
Mark Collins	I E-malouse/Onour	pation/Labor Organization*	М	I D	Y	Amount	
Street Address		ploved/Attorney		_	113		60.00
992 South High Street, 3rd Floor	State	Zip Code		ash,Chec			00.00
Colombia	OH	43215) or made	Casl			
Columbus Full Name of Contributor	() ; 11	40210	Registra		ber, if P	AC	
			I TE BUILD			-	
John Ryerson Street Address	Employer/Occur	pation/Labor Organization*	Н_	D	ΙΥ	Amount	
		ployed/Attorney	018	119	113		50.00
417 Chase Ave, Box 323	State	Zip Code		ash,Chec			
Gambier	OH	43022		Chec			
Full Name of Contributor		() 11 43022		Registration Number, if PAC			
an rane of constraio							
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*		D	Y	Amount	
City	State	Zip Code	Form(C	ash Chec	k,etc)		
Full Name of Contributor			Registra	ation Nur	nber, if P	AC	
			<u> </u>				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
		<u> </u>					
Full Name of Contributor			Registra	ation Nur	nber, if P	AC	
			 	T		T	
Street Address	Employer/Occu	pation/Labor Organization*	M	Q L	Y	Amount	
		<u> </u>	1 1	1 1	1		
City	State	Zip Code	Form(C	ash,Chee	K,etc)		
			 D	nian Niu	nber, if P	A.C	
Full Name of Contributor			Kegisu	ation ivu	noet, is i	AC.	
	Ir i o	i	М_	D	Y	Amount	
Street Address	Employer/Occu	pation/Labor Organization*	'''	1	1 1	743,224	
	State	Zip Code	Form(C	ash,Che	k,etc)		
City	ا	Sp code	1	,	,		
					_		
equired for contributions from individuals over \$100 to statewide an	d general assembly can	didates. If contributor is self-emi	oloyed, the	occupati	on and the	name of the	
ridual's business, if any, rather than employer should be listed. If tw	o or more employees co	ontribute via payroll deduction as	nd exceed t	he aggre	zate of \$1	00, the labor	
iduals ousiness, il any, ramer dian employer stodic oc fisted. Il tw	mopio/ ++b e-			'			

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
		Page Total \$150.00

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