Event Date	6/20/13
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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		-						
Full Name of Contributor				Registration Number, if PAC				
Corey Trusso			М					
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount	25.00	
137 East Livingston Avenue	Nationv					25.00		
C-11	State	Zip Code	Form(Ca	ash Check				
Columbus Full Name of Contributor	O   H	43215	D	Cash	l ber, if PA	<u> </u>		
			Kegistra	uon Nun	ioer, ii ra	ic		
Robert Krapenc Street Address	Employer/Occur	ation/Labor Organization*	M	D	Y	Amount		
601 South High Street	Employer/occup	anon babor Organization			113	, unoun	50.00	
City	State	Zip Code		ash,Check			50.00	
Columbus	OIH	43215		Cash				
Full Name of Contributor	1 (7 . 22	10210	Registra		ber, if PA	.C		
Julie M Pfeiffer			· -					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount					
2639 Tudor Road				219	1 3		99.00	
City	State	Zip Code	Form(Ca	sh Checi	c,etc)			
Columbus	OH	43209	1	Chec:	k			
Full Name of Contributor			Registra	tion Num	ber, if PA	'C		
Christopher M Brown/Christopher M	Brown Lav	w Offices LLC						
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount		
601 South High Street, Floor 1		oloyed/Attornev		2 9			250.00	
City	State	Zip Code	I '	ash,Checl				
Columbus	O H	43215		Chec.				
Full Name of Contributor			Registra	tion Num	ber, if PA	il.		
					Y	Amount		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D !	',	Allicanii		
Cin.	State	Zip Code		form(Cash,Check,etc)				
City	State	Zip Code	romica	isii,Ciicci	(,010)			
Full Name of Contributor	<u>.                                      </u>		Registra	tion Num	ber, if PA	AC .		
I all Ivalic of Conditional								
Street Address	Employer/Occur	ation/Labor Organization*	М	D	Y	Amount		
				1 1	lι			
City	State	Zip Code	Form(Ca	ash,Checl	(,etc)		_	
		1						
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registra	tion Num	iber, if PA	VC.		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	_	
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)			
	1 1	<u> </u>	<u> </u>		_			
equired for contributions from individuals over \$100 to statewide and gene			1.4			h .		

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 \$ 424.00

<sup>•</sup> 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)]