Event Date	4/30/13
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	etary of State 3/05			_			
Name of Committee in Full								
Gwen Callender for Judge				_				
Full Name of Contributor				Registration Number, if PAC				
Gary A Wolske			L					
Street Address	Employer/Occupation/Labor Organization*		M	D _.	1	Amount	-0.00	
6109 Hathaway	FOP/VP		015				50.00	
City	State Zip Code		Form(Cash,Check,etc)					
Garfield Heights	O H_	44125		<u> heck</u>				
Full Name of Contributor			Registratio	on Numb	er, if PAC	3		
Bradford J. Sibley III			ļ					
Street Address	Employer/Occupation/Labor Organization*		M	D	_	Amount	400.00	
4707 Cadmus Drive	Columbi	Columbus/Firefighter		0 8		_	100.00	
City	State	Zip Code	Form(Cas					
Columbus	$O \mid H$	43228		<u> Theck</u>				
Full Name of Contributor		.	Registratio	on Numb	er, if PA	С		
Jason McDonald			<u> </u>					
Street Address	Employer/Occupa	tion/Labor Organization*	M	D	Y	Amount		
1165 Blois Drive	FOP/Pre	esident	0[5]			_	100.00	
City	State	Zip Code	Form(Cas					
Marion	$O \mid H$	43302		heck				
Full Name of Contributor		<u> </u>	Registration Number, if PAC					
Robert Young			<u> </u>					
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
7040 Bold Forbes Court	Franklin Co/HR Director		015				250.00	
City	State	Zip Code	Form(Cas	ih,Check	,etc)			
Blacklick	$O \mid H$	43004		<u>Checl</u>		<u></u>		
Full Name of Contributor			Registrati	on Numl	ber, if PA	С		
Robert Sauter/Cloppert, Latanick, Saut	ter & Wash	ıburn	l					
Street Address	Employer/Occupation/Labor Organization*		T _M	D	Y	Amount		
225 East Broad Street	Self-emp	oloyed/Attorney_			1 3		250.00	
City	State			Form(Cash,Check,etc)				
Columbus	$O \mid H$	43215		Chec!				
Full Name of Contributor				Registration Number, if PAC				
Weston Hurd LLP West-O-PAC				OH455				
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount		
1301 East 9th Street, Suite 1900					1 3		250.00	
City	State	Zip Code	Form(Ca	sh,Checl	c,etc)			
Cleveland	OIH	44114		<u> Checl</u>	<u> </u>			
Full Name of Contributor			Registrat	ion Num	ber, if PA	VC .		
Henry Arnett/Livorno and Arnett Co LPA								
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
1335 Dublin Road, Suite 108-B	Self-employed/Attorney		015		1 3		250.00	
City	State Zip Code		Form(Cash,Check,etc)					
Columbus	$ \cap H$	43215	<u> </u>	Chec :	k			
Columbus						af 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 \$ 1.250.00

[•] 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)]