

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

Prescribed by Secretary of State 3/05

Name of Committee in Full Gwen Callender for Judge				
Full Name of Contributor Bricker & Eckler LLP State Political Action Committee			Registration Number, if PAC OH 821	
Street Address 100 South Third Street	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State O	Zip Code 43215	Y 1	Amount 50.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Brian P Hunt				
Street Address 4457 Knickel Drive			Registration Number, if PAC	
Employer/Occupation/Labor Organization* Dublin City School/Teache		M 0	D 6	Y 1
City Hilliard	State O	Zip Code 43026	Y 1	Amount 75.00
Form(Cash,Check,etc) Check				
Full Name of Contributor J Robert Darrow				
Street Address 6461 Greenstone Loop			Registration Number, if PAC	
Employer/Occupation/Labor Organization* Ruscilli Construction/VP		M 0	D 6	Y 1
City Dublin	State O	Zip Code 43016	Y 1	Amount 100.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Joanna L Ellison				
Street Address 6235 Craughwell Lane			Registration Number, if PAC	
Employer/Occupation/Labor Organization* Easy IT/Consultant		M 0	D 6	Y 1
City Dublin	State O	Zip Code 43017	Y 1	Amount 100.00
Form(Cash,Check,etc) Check				
Full Name of Contributor James A Davis				
Street Address 5710 Langhorn Drive			Registration Number, if PAC	
Employer/Occupation/Labor Organization* Dublin City School/Teache		M 0	D 6	Y 1
City Columbus	State O	Zip Code 43235	Y 1	Amount 100.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Stephen L Osborne				
Street Address 6060 Kentigern Court North			Registration Number, if PAC	
Employer/Occupation/Labor Organization* Dublin City School/Treasu		M 0	D 6	Y 1
City Dublin	State O	Zip Code 43017	Y 1	Amount 100.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Friends of Chris Valentine				
Street Address 3913 Tramore Dr.			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 6	Y 1
City Dublin	State O	Zip Code 43016	Y 1	Amount 500.00
Form(Cash,Check,etc) Check				

* 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)]

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 \$ 1,025.00