

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 Mary Ann Wormser				Registration Number, if PAC	
Street Address 3237 Green Road	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Beachwood	State OH	Zip Code 44122	Form(Cash,Check,etc) Check		
Full Name of Contributor Sharon Goldman				Registration Number, if PAC	
Street Address 1886 Winchester Road	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Lyndhurst	State OH	Zip Code 44124	Form(Cash,Check,etc) Check		
Full Name of Contributor Bruce Felder/Forum Consulting Service LLC				Registration Number, if PAC	
Street Address 27500 Cedar Road #309	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Beachwood	State OH	Zip Code 44122	Form(Cash,Check,etc) Check		
Full Name of Contributor Garry Regan				Registration Number, if PAC	
Street Address 6735 Walnut Drive	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Gates Mills	State OH	Zip Code 44040	Form(Cash,Check,etc) Check		
Full Name of Contributor Grace Goldberg				Registration Number, if PAC	
Street Address 2546 Elmhurst	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Beachwood	State OH	Zip Code 44122	Form(Cash,Check,etc) Check		
Full Name of Contributor David I Rubin				Registration Number, if PAC	
Street Address 28 Eliot Avenue	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City West Newton	State MA	Zip Code 02465	Form(Cash,Check,etc) Check		
Full Name of Contributor Jerry Gillett				Registration Number, if PAC	
Street Address 12 Windrush Lane	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Beachwood	State OH	Zip Code 44122	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 \$ 216.00