

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 Robert A Zimmerman				Registration Number, if PAC	
Street Address 23149 Shelburne Road	Employer/Occupation/Labor Organization* Benesch/ Attorney		M 0	D 5	Y 13
City Shaker Heights	State OH	Zip Code 44122	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Dan K Silverberg				Registration Number, if PAC	
Street Address 165 Blossom Lane	Employer/Occupation/Labor Organization* None/Retired		M 0	D 5	Y 13
City Chagrin Falls	State OH	Zip Code 44022	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Charlene J Ratner				Registration Number, if PAC	
Street Address 5170 River Trail	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Lyndhurst	State OH	Zip Code 44124	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Lucia A Dinardo				Registration Number, if PAC	
Street Address 7650 W 130th Street	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Middleberg Heights	State OH	Zip Code 44130	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Robert S Turoff				Registration Number, if PAC	
Street Address 14 Hvide Park	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Beachwood	State OH	Zip Code 44122	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor David W Reuven				Registration Number, if PAC	
Street Address 250 Meadowhill Lane	Employer/Occupation/Labor Organization*		M 0	D 6	Y 13
City Moreland Hills	State OH	Zip Code 44022	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ 675.00