Event Date	5/2/13
Page	20

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	retary of State 3/05		
Name of Committee in Full				i i
Gwen Callender for Judge				
Full Name of Contributor	<u> </u>		Registration Number, if PAC	
Barbara A Leidner				
Street Address		tion/Labor Organization*	M D Y Amount	100.00
32 Hampshire Lane	None/Re		0 4 2 0 1 3	100. <u>00</u>
City	State	Zip Code	Form(Cash,Check,etc)	
Boynton Beach	FIL	33436	Check	
Full Name of Contributor			Registration Number, if PAC	
David A Salett				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	500.00
310 Woodward Street	DSA Trading/Owner		0 4 2 0 1 3	500.00
City	State	Zip Code	Form(Cash,Check,etc)	
Waban	MIA	02468	Check	
Full Name of Contributor			Registration Number, if PAC	
N Eugene Brundige			M D Y Amount	
Street Address	1 ' '	ntion/Labor Organization*	'''	50.00
1870 Shoshone Drive		oloyed/Attorney	0 4 2 0 1 3	50.00_
City	State	Zip Code	Form(Cash,Check,etc)	
London	OIH	43140	Check Registration Number, if PAC	
Full Name of Contributor			Registration Number, in FAC	
Gary C Johnson			M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*		0 4 2 0 1 3	200.00
635 West Lakeside Avenue, Suite 600	Self-employed/Attorney		Form(Cash,Check,etc)	200.00
City:	State	Zip Code 44113	Check	
Cleveland	0 H	44113	Registration Number, if PAC	
Full Name of Contributor			Registation 1 and 1, 2 1 1 1	
Pamela Swack Ledoux	IE1(Os even	ation/Labor Organization*	M D Y Amount	
Street Address	Employer/Occup	alloit Labor Organization	0 4 2 4 1 3	10.00
83 Chestnut Street	State	Zip Code	Form(Cash,Check,etc)	
City	1 1	01002	Check	
Amherst	$M \mid A$	01002	Registration Number, if PAC	
Full Name of Contributor	itnoss			
Beth Parnin/Beth Parnin's Fun with F	Fmolover/Occup	ation/Labor Organization*	M D Y Amount	
Street Address	Employer/Occupation Capacitation		0 4 2 4 1 3	25.00
6744 Walnut Drive	State	Zip Code	Form(Cash,Check,etc)	
City City	I O I H	44040	Check	
Gates Mills Full Name of Contributor	1 () , 11	11010	Registration Number, if PAC	
Harvey R Swack Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
760 Highland Avenue, 15	Lamps, st. st. sp. sp. sp. sp. sp. sp. sp. sp. sp. sp		0 4 2 4 1 3	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Needham Heights	$M \mid A$	02494	_Check	
i veculalit i icigita				

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 S 935.00
1		

^{*} 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)]