

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Gwen Callender for Judge</b>				
Full Name of Contributor <b>Dottie S Callender</b>			Registration Number, if PAC	
Street Address <b>750 Overlook Drive</b>	Employer/Occupation/Labor Organization* <b>None/Retired</b>		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>100.00</b>
City <b>Alliance</b>	State <b>O   H</b>	Zip Code <b>44601</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Karen J Neides</b>			Registration Number, if PAC	
Street Address <b>29476 Bryce Road</b>	Employer/Occupation/Labor Organization* <b>None/Retired</b>		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>100.00</b>
City <b>Pepper Pike</b>	State <b>O   H</b>	Zip Code <b>44124</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Mary C Freeman</b>			Registration Number, if PAC	
Street Address <b>414 Glencoe Lane</b>	Employer/Occupation/Labor Organization* <b>None/Retired</b>		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>100.00</b>
City <b>Highland Heights</b>	State <b>O   H</b>	Zip Code <b>44143</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Leonard B Freed</b>			Registration Number, if PAC	
Street Address <b>614 Dade Lane</b>	Employer/Occupation/Labor Organization* <b>None/Retired</b>		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>100.00</b>
City <b>Richmond Heights</b>	State <b>O   H</b>	Zip Code <b>44143</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Natalie Silverberg</b>			Registration Number, if PAC	
Street Address <b>8 Dorset Court</b>	Employer/Occupation/Labor Organization* <b>None/Retired</b>		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>100.00</b>
City <b>Beachwood</b>	State <b>O   H</b>	Zip Code <b>44122</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Charles M Choate</b>			Registration Number, if PAC	
Street Address <b>1778 Northampton Road, Apt E2</b>	Employer/Occupation/Labor Organization* <b>FOP/Staff Rep</b>		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>200.00</b>
City <b>Akron</b>	State <b>O   H</b>	Zip Code <b>44313</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Seth B Marks</b>			Registration Number, if PAC	
Street Address <b>4185 Hadleigh Road</b>	Employer/Occupation/Labor Organization* <b>Self-employed/Attorney</b>		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>200.00</b>
City <b>University Heights</b>	State <b>O   H</b>	Zip Code <b>44118</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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 \$ 900.00