

## 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				Registration Number, if PAC	
John R Looman					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1501 Belmont Avenue	None/Retired	0	4	06	50.00
City	State	Zip Code		Form(Cash,Check,etc)	
Columbus	O   H	43201		Check	
Full Name of Contributor				Registration Number, if PAC	
Sharon R Austin					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2130 Iuka Avenue	OH Capital Corp/Develop	0	4	06	50.00
City	State	Zip Code		Form(Cash,Check,etc)	
Columbus	O   H	43201		Check	
Full Name of Contributor				Registration Number, if PAC	
Chester Delong					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
21667 Wolform Maskill	FOP/OLC/Recruiter	0	4	06	100.00
City	State	Zip Code		Form(Cash,Check,etc)	
Marvsville	O   H	43040		Check	
Full Name of Contributor				Registration Number, if PAC	
Hyman Cohen/Hyman Cohen Co LPA					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
PO Box 22360	Self-employed/ Attorney	0	4	06	100.00
City	State	Zip Code		Form(Cash,Check,etc)	
Cleveland	O   H	44122		Check	
Full Name of Contributor				Registration Number, if PAC	
Robert J Walter					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3040 Lane Woods Ct	Buckley King/ Attorney	0	4	06	100.00
City	State	Zip Code		Form(Cash,Check,etc)	
Columbus	O   H	43221		Check	
Full Name of Contributor				Registration Number, if PAC	
Richanne M Zymkoski					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2128 Poplar Street	Franklin County/ Bailiff	0	4	06	100.00
City	State	Zip Code		Form(Cash,Check,etc)	
Columbus	O   H	43207		Check	
Full Name of Contributor				Registration Number, if PAC	
Richard D Sambuco					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
207 Greentree Drive	Self-employed/ Arbitrator	0	4	06	100.00
City	State	Zip Code		Form(Cash,Check,etc)	
St. Clairsville	O   H	43950		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 \$ 600.00