

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 Goldberg			Registration Number, if PAC	
Street Address 5200 River Trail	Employer/Occupation/Labor Organization*		M D Y 0 4 2 4 1 3	Amount 50.00
City Cleveland	State O H	Zip Code 44124	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael P Varble			Registration Number, if PAC	
Street Address 5600A Emerald Ridge Parkway	Employer/Occupation/Labor Organization*		M D Y 0 4 2 4 1 3	Amount 50.00
City Solon	State O H	Zip Code 44139	Form(Cash,Check,etc) Check	
Full Name of Contributor Nancy Arian			Registration Number, if PAC	
Street Address 11242 Hampton Bay Lane	Employer/Occupation/Labor Organization* Baker Hostetler/Marketing		M D Y 0 5 0 8 1 3	Amount 25.00
City Concord Township	State O H	Zip Code 44077	Form(Cash,Check,etc) Cash	
Full Name of Contributor Marjorie Reuven			Registration Number, if PAC	
Street Address 52 Orchard Circle	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 3	Amount 20.00
City Orange Village	State O H	Zip Code 44022	Form(Cash,Check,etc) Check	
Full Name of Contributor Jacquelyn M Baker			Registration Number, if PAC	
Street Address 7198 Selworthv Lane	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 3	Amount 25.00
City Solon	State O H	Zip Code 44139	Form(Cash,Check,etc) Check	
Full Name of Contributor Beatrice Silverberg			Registration Number, if PAC	
Street Address 17100 Van Aken Blvd, #204	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 3	Amount 25.00
City Shaker Heights	State O H	Zip Code 44120	Form(Cash,Check,etc) Check	
Full Name of Contributor Judy Vida			Registration Number, if PAC	
Street Address 2025 Oakmont Way, Apt 6	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 3	Amount 25.00
City Walnut Creek	State C A	Zip Code 94595	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 \$ 220.00