

# 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>Burton I Saltzman</b>			Registration Number, if PAC	
Street Address <b>3301 Payne Avenue</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>50.00</b>
City <b>Cleveland</b>	State <b>O   H</b>	Zip Code <b>44114</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Harvey A Wiseberg</b>			Registration Number, if PAC	
Street Address <b>5299 Hickory Drive</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>50.00</b>
City <b>Cleveland</b>	State <b>O   H</b>	Zip Code <b>44124</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Susan N Silverberg</b>			Registration Number, if PAC	
Street Address <b>2492 Saybrook Road</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>50.00</b>
City <b>University Ht</b>	State <b>I   H</b>	Zip Code <b>44118</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Eileen S Kollins</b>			Registration Number, if PAC	
Street Address <b>17 Bordeaux Lane</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>50.00</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>Sara Laskev</b>			Registration Number, if PAC	
Street Address <b>2914 W Park Blvd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>50.00</b>
City <b>Shaker Hieghts</b>	State <b>O   H</b>	Zip Code <b>44120</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Harriet C Morris</b>			Registration Number, if PAC	
Street Address <b>28000 Cambridge Lane</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>50.00</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>Bernard J Swack</b>			Registration Number, if PAC	
Street Address <b>220 Marion Avenue</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   5   0   8   1   3</b>	Amount <b>50.00</b>
City <b>Mansfield</b>	State <b>O   H</b>	Zip Code <b>44903</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 \$ 350.00