

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 Lynn C Rosen			Registration Number, if PAC	
Street Address 2884 Brewster Road	Employer/Occupation/Labor Organization* None/Retired		M D Y 0 4 2 0 1 3	Amount 50.00
City Pepper Pike	State O H	Zip Code 44124	Form(Cash,Check,etc) Check	
Full Name of Contributor Bruce L Marshall			Registration Number, if PAC	
Street Address 3169 South Dayton Court	Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 1 3	Amount 50.00
City Denver	State C O	Zip Code 80231	Form(Cash,Check,etc) Check	
Full Name of Contributor Joyce A Brown			Registration Number, if PAC	
Street Address 6000 Pelican Bay Blvd, #401	Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 1 3	Amount 50.00
City Naples	State F L	Zip Code 34108	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Gary Stein			Registration Number, if PAC	
Street Address 631 Rustic Knoll Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 1 3	Amount 50.00
City Kent	State O H	Zip Code 44240	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert M Lustig			Registration Number, if PAC	
Street Address 526 Superior Avenue East, Suite 615	Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 1 3	Amount 50.00
City Cleveland	State O H	Zip Code 44114	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert M Phillips			Registration Number, if PAC	
Street Address 150 Phillips Street	Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 1 3	Amount 100.00
City Jerome	State P A	Zip Code 15937	Form(Cash,Check,etc) Check	
Full Name of Contributor Lee Davis			Registration Number, if PAC	
Street Address 28249 Belcourt Road	Employer/Occupation/Labor Organization*		M D Y 0 4 2 0 1 3	Amount 100.00
City Cleveland	State O H	Zip Code 44124	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 \$ 450.00