

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

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|---|--|--------------------------|---|-------------------------|
| Name of Committee in Full Gwen Callender for Judge | | | | |
| Full Name of Contributor Barbara A Leidner | | | Registration Number, if PAC | |
| Street Address 32 Hampshire Lane | Employer/Occupation/Labor Organization* None/Retired | | M D Y 0 4 2 0 1 3 | Amount 100.00 |
| City Bovnton Beach | State F L | Zip Code 33436 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor David A Salett | | | Registration Number, if PAC | |
| Street Address 310 Woodward Street | Employer/Occupation/Labor Organization* DSA Trading/Owner | | M D Y 0 4 2 0 1 3 | Amount 500.00 |
| City Waban | State M A | Zip Code 02468 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor N Eugene Brundige | | | Registration Number, if PAC | |
| Street Address 1870 Shoshone Drive | Employer/Occupation/Labor Organization* Self-employed/Attorney | | M D Y 0 4 2 0 1 3 | Amount 50.00 |
| City London | State O H | Zip Code 43140 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Gary C Johnson | | | Registration Number, if PAC | |
| Street Address 635 West Lakeside Avenue, Suite 600 | Employer/Occupation/Labor Organization* Self-employed/Attorney | | M D Y 0 4 2 0 1 3 | Amount 200.00 |
| City Cleveland | State O H | Zip Code 44113 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Pamela Swack Ledoux | | | Registration Number, if PAC | |
| Street Address 83 Chestnut Street | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 4 1 3 | Amount 10.00 |
| City Amherst | State M A | Zip Code 01002 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Beth Parnin/Beth Parnin's Fun with Fitness | | | Registration Number, if PAC | |
| Street Address 6744 Walnut Drive | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 4 1 3 | Amount 25.00 |
| City Gates Mills | State O H | Zip Code 44040 | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Harvey R Swack | | | Registration Number, if PAC | |
| Street Address 760 Highland Avenue, 15 | Employer/Occupation/Labor Organization* | | M D Y 0 4 2 4 1 3 | Amount 50.00 |
| City Needham Heights | State M A | Zip Code 02494 | 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 \$ 935.00