

## 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>Toure McCord</b>			Registration Number, if PAC	
Street Address <b>844 South Front Street</b>	Employer/Occupation/Labor Organization* <b>Self-employed/Attorney</b>		M   D   Y <b>0   8   1   1   9   1   3</b>	Amount <b>40.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>Mark Collins</b>			Registration Number, if PAC	
Street Address <b>992 South High Street, 3rd Floor</b>	Employer/Occupation/Labor Organization* <b>Self-employed/Attorney</b>		M   D   Y <b>0   8   1   1   9   1   3</b>	Amount <b>60.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Cash</b>	
Full Name of Contributor <b>John Ryerson</b>			Registration Number, if PAC	
Street Address <b>417 Chase Ave, Box 323</b>	Employer/Occupation/Labor Organization* <b>Self-employed/Attorney</b>		M   D   Y <b>0   8   1   1   9   1   3</b>	Amount <b>50.00</b>
City <b>Gambier</b>	State <b>O   H</b>	Zip Code <b>43022</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

\* 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 \$ 150.00