

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 Frances J Jacobs				Registration Number, if PAC	
Street Address 32150 S Woodland Road	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Pepper Pike	State OH	Zip Code 44124	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Gail Kichler				Registration Number, if PAC	
Street Address 5 Pepper Creek Drive	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Pepper Pike	State OH	Zip Code 44124	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Kimberly B Young				Registration Number, if PAC	
Street Address 26300 Village Lane, Apt 308	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Beachwood	State OH	Zip Code 44122	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor William M Saringer				Registration Number, if PAC	
Street Address 6256 Surrey Drive	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City North Olmsted	State OH	Zip Code 44070	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Herbert I Goulder				Registration Number, if PAC	
Street Address 33775 Redbridge Lane	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Solon	State OH	Zip Code 44139	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Stanley Priesand				Registration Number, if PAC	
Street Address 5428 Haven Court, Unit C	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Willoughby	State OH	Zip Code 44094	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Norman Hvams				Registration Number, if PAC	
Street Address 2 Madison Court	Employer/Occupation/Labor Organization*		M 0	D 5	Y 13
City Beachwood	State OH	Zip Code 44122	Form(Cash,Check,etc) Check		Amount 100.00

* 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 \$ 550.00