

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 Dottie S Callender			Registration Number, if PAC	
Street Address 750 Overlook Drive	Employer/Occupation/Labor Organization* None/Retired		M 0 5 0 8 1 3	Amount 100.00
City Alliance	State O H	Zip Code 44601	Form(Cash,Check,etc) Check	
Full Name of Contributor Karen J Neides			Registration Number, if PAC	
Street Address 29476 Bryce Road	Employer/Occupation/Labor Organization* None/Retired		M 0 5 0 8 1 3	Amount 100.00
City Pepper Pike	State O H	Zip Code 44124	Form(Cash,Check,etc) Check	
Full Name of Contributor Mary C Freeman			Registration Number, if PAC	
Street Address 414 Glencoe Lane	Employer/Occupation/Labor Organization* None/Retired		M 0 5 0 8 1 3	Amount 100.00
City Highland Heights	State O H	Zip Code 44143	Form(Cash,Check,etc) Check	
Full Name of Contributor Leonard B Freed			Registration Number, if PAC	
Street Address 614 Dade Lane	Employer/Occupation/Labor Organization* None/Retired		M 0 5 0 8 1 3	Amount 100.00
City Richmond Heights	State O H	Zip Code 44143	Form(Cash,Check,etc) Check	
Full Name of Contributor Natalie Silverberg			Registration Number, if PAC	
Street Address 8 Dorset Court	Employer/Occupation/Labor Organization* None/Retired		M 0 5 0 8 1 3	Amount 100.00
City Beachwood	State O H	Zip Code 44122	Form(Cash,Check,etc) Check	
Full Name of Contributor Charles M Choate			Registration Number, if PAC	
Street Address 1778 Northampton Road, Apt E2	Employer/Occupation/Labor Organization* FOP/Staff Rep		M 0 5 0 8 1 3	Amount 200.00
City Akron	State O H	Zip Code 44313	Form(Cash,Check,etc) Check	
Full Name of Contributor Seth B Marks			Registration Number, if PAC	
Street Address 4185 Hadleigh Road	Employer/Occupation/Labor Organization* Self-employed/ Attorney		M 0 5 0 8 1 3	Amount 200.00
City University Heights	State O H	Zip Code 44118	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 \$ 900.00