

## 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				Registration Number, if PAC			
Mary Ann Wormser							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3237 Green Road				0	5	08	25.00
City		State	Zip Code	Form(Cash,Check,etc)			
Beachwood		O   H	44122	Check			
Full Name of Contributor				Registration Number, if PAC			
Sharon Goldman							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1886 Winchester Road				0	5	08	25.00
City		State	Zip Code	Form(Cash,Check,etc)			
Lyndhurst		O   H	44124	Check			
Full Name of Contributor				Registration Number, if PAC			
Bruce Felder/Forum Consulting Service LLC							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
27500 Cedar Road #309				0	5	08	25.00
City		State	Zip Code	Form(Cash,Check,etc)			
Beachwood		O   H	44122	Check			
Full Name of Contributor				Registration Number, if PAC			
Garry Regan							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6735 Walnut Drive				0	5	08	25.00
City		State	Zip Code	Form(Cash,Check,etc)			
Gates Mills		O   H	44040	Check			
Full Name of Contributor				Registration Number, if PAC			
Grace Goldberg							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2546 Elmhurst				0	5	08	30.00
City		State	Zip Code	Form(Cash,Check,etc)			
Beachwood		O   H	44122	Check			
Full Name of Contributor				Registration Number, if PAC			
David I Rubin							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
28 Eliot Avenue				0	5	08	36.00
City		State	Zip Code	Form(Cash,Check,etc)			
West Newton		M   A	02465	Check			
Full Name of Contributor				Registration Number, if PAC			
Jerry Gillett							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
12 Windrush Lane				0	5	08	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
Beachwood		O   H	44122	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 \$ 216.00