

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			Registration Number, if PAC			
Richard Lederman						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2731 Shelley Road			015	018	113	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Shaker Heights	OH	44122	Check			
Full Name of Contributor			Registration Number, if PAC			
David S Young						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4 Kristen Lane			015	018	113	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Norwalk	CT	06851	Check			
Full Name of Contributor			Registration Number, if PAC			
Burton Laderman						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
400 Creekside Drive	None/Retired		015	018	113	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Mayfield Heights	OH	44143	Check			
Full Name of Contributor			Registration Number, if PAC			
Jay H Trattner						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
26600 George Zieger Dr, Ste 304			015	018	113	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Beachwood	OH	44122	Check			
Full Name of Contributor			Registration Number, if PAC			
Miriam Friedman Karon						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4850 Glengary Lane			015	018	113	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Pepper Pike	OH	44124	Check			
Full Name of Contributor			Registration Number, if PAC			
Jov L Roth						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3076 Morley			015	018	113	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Shaker Heights	OH	44122	Check			
Full Name of Contributor			Registration Number, if PAC			
Jeffrey B Marks						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
15718 Fernway Road			015	018	113	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Cleveland	OH	44120	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 \$ 350.00