

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 Garv A Wolske			Registration Number, if PAC	
Street Address 6109 Hathaway	Employer/Occupation/Labor Organization* FOP/VP		M D Y 0 5 0 8 1 3	Amount 50.00
City Garfield Heights	State O H	Zip Code 44125	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael W Piotrowski			Registration Number, if PAC	
Street Address 8667 Hollis Lane	Employer/Occupation/Labor Organization* FOP/Labor Rep		M D Y 0 5 0 8 1 3	Amount 50.00
City Brecksville	State O H	Zip Code 44141	Form(Cash,Check,etc) Check	
Full Name of Contributor Douglas K Hvams			Registration Number, if PAC	
Street Address 2511 Eaton Road	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 3	Amount 50.00
City University Heights	State O H	Zip Code 44118	Form(Cash,Check,etc) Check	
Full Name of Contributor Morton M Shubert			Registration Number, if PAC	
Street Address 2202 Acacia Park Drive, Apt 2314	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 3	Amount 50.00
City Lyndhurst	State O H	Zip Code 44124	Form(Cash,Check,etc) Check	
Full Name of Contributor Nancy S Levitan			Registration Number, if PAC	
Street Address 2009 Winchester Road	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 3	Amount 50.00
City Lyndhurst	State O H	Zip Code 44124	Form(Cash,Check,etc) Check	
Full Name of Contributor Sandra McKinney Wager			Registration Number, if PAC	
Street Address 8 Saratoga Court	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 3	Amount 50.00
City Beachwood	State O H	Zip Code 44122	Form(Cash,Check,etc) Check	
Full Name of Contributor Ruth Lester			Registration Number, if PAC	
Street Address 5 Dorset Court	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 3	Amount 50.00
City Beachwood	State O H	Zip Code 44122	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 \$ 350.00