

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

10 JUN 11 AM 10:38

Full Name of Committee CAMPBELL FOR JUDGE						Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTION								
Full Name of Candidate Jamie Campbell														
Street Address 5993 Slippery Rock Drive						Office Sought Judge			District Com Pleas					
City Columbus						State OH		Zip Code 43229						
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary ²⁰¹⁰	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year				
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual				
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election			0	M	5	0	D	4	1	Y	0

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$0.00
2. Total monetary contributions (From Form No. 31-A)	\$	\$1,150.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$1,150.00
5. Total monetary expenditures (From Form No. 31-B)	\$	\$272.60
6. Balance on hand (line 4 minus line 5)	\$	\$877.40
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$1,213.06
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Marlene A. Wirth, Treasurer
Print Name and Title (Treasurer and Deputy Treasurer only)

Marlene A. Wirth
Signature

6-11-2010
Date

Contribution pages 3

Expenditure pages 2

Other pages 7

Total pages 12

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Campbell For Judge							
Full Name of Contributor Marilyn McGrone						Registration Number, if PAC	
Street Address 5837 Long Lake Ln.			Employer/Occupation/Labor Organization* Honda			Form (Cash, Check, etc.) on line contrib.	
City Indianapolis		State IN	Zip Code 46235	M 0	D 4	Y 0	Amount \$100.00
Full Name of Contributor Camille Jones						Registration Number, if PAC	
Street Address 2055 Blake Park Dr.			Employer/Occupation/Labor Organization* Chase Bank			Form (Cash, Check, etc.) on line contrib.	
City Smyrna		State GA	Zip Code 30080	M 0	D 4	Y 0	Amount \$20.00
Full Name of Contributor April Dawson						Registration Number, if PAC	
Street Address 1450 Baxton Loop			Employer/Occupation/Labor Organization* State Auto Ins.			Form (Cash, Check, etc.) on line contrib.	
City Columbus		State OH	Zip Code 43207	M 0	D 4	Y 0	Amount \$50.00
Full Name of Contributor Naoriya Marshall						Registration Number, if PAC	
Street Address 8899			Employer/Occupation/Labor Organization* Cols City Schools			Form (Cash, Check, etc.) on line contrib.	
City Coral Canyon Circle		State OH	Zip Code 43068	M 0	D 4	Y 0	Amount \$40.00
Full Name of Contributor Lynette Campbell						Registration Number, if PAC	
Street Address 2700 Ella Rae Ct.			Employer/Occupation/Labor Organization* Toyota Motor Manufacturing			Form (Cash, Check, etc.) on line contrib.	
City Lexington		State KY	Zip Code 40511	M 0	D 4	Y 0	Amount \$20.00
Full Name of Contributor Otira Nada Jadead						Registration Number, if PAC	
Street Address 1100 First St. SE Apt. 306			Employer/Occupation/Labor Organization* OMR Medical			Form (Cash, Check, etc.) on line contrib.	
City Washington		State DC	Zip Code 20003	M 0	D 4	Y 0	Amount \$25.00
Full Name of Contributor Alicia McAfee						Registration Number, if PAC	
Street Address 7353 Joshua Trace			Employer/Occupation/Labor Organization* M/I Homes			Form (Cash, Check, etc.) on line contrib.	
City Canal Winchester		State OH	Zip Code 43110	M 0	D 4	Y 0	Amount \$25.00
Full Name of Contributor Katrina Scales						Registration Number, if PAC	
Street Address 611 Villa Glen			Employer/Occupation/Labor Organization* City of Birmingham			Form (Cash, Check, etc.) on line contrib.	
City Bessemer		State AL	Zip Code 35020	M 0	D 4	Y 0	Amount \$25.00

* 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 also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Campbell For Judge							
Full Name of Contributor Ayeshia Dompey					Registration Number, if PAC		
Street Address 2134 Farrington Ave.		Employer/Occupation/Labor Organization* Phy. Asst. - Edu. Assoc.			Form (Cash, Check, etc.) on line contrib.		
City Alexandria	State VA	Zip Code 22310	M 0	D 4	Y 1	Amount \$20.00	
Full Name of Contributor Michika Nickerson					Registration Number, if PAC		
Street Address 6240 Rossi Dr.		Employer/Occupation/Labor Organization* OSU Medical Center			Form (Cash, Check, etc.) on line contrib.		
City Canal Winchester	State OH	Zip Code 43110	M 0	D 4	Y 1	Amount \$20.00	
Full Name of Contributor Mel Fuhman					Registration Number, if PAC		
Street Address 1129 Afton Rd.		Employer/Occupation/Labor Organization* Justice League of Ohio			Form (Cash, Check, etc.) on line contrib.		
City Columbus	State OH	Zip Code 43221	M 0	D 5	Y 1	Amount \$50.00	
Full Name of Contributor Eddie Sands					Registration Number, if PAC		
Street Address 947 E. Johnstown Rd.		Employer/Occupation/Labor Organization* Bizzybee Locating Services			Form (Cash, Check, etc.) Cash		
City Gahanna	State OH	Zip Code 43230	M 0	D 5	Y 0	Amount \$50.00	
Full Name of Contributor William Houston					Registration Number, if PAC		
Street Address 78 Cumberland Gate		Employer/Occupation/Labor Organization* Ed Voxles			Form (Cash, Check, etc.) on line contrib.		
City Smyra	State GA	Zip Code 30080	M 0	D 5	Y 1	Amount \$100.00	
Full Name of Contributor Delmarshae Sledsge					Registration Number, if PAC		
Street Address 2209 East Grace St.		Employer/Occupation/Labor Organization* Richmond Hill			Form (Cash, Check, etc.) on line contrib.		
City Richmond	State VA	Zip Code 23223	M 0	D 5	Y 1	Amount \$95.00	
Full Name of Contributor Joseph A. Bahgat					Registration Number, if PAC		
Street Address 301 N. Harrison St #178		Employer/Occupation/Labor Organization* Ck			Form (Cash, Check, etc.) Ck		
City Princeton	State NJ	Zip Code 08540	M 0	D 5	Y 0	Amount \$50.00	
Full Name of Contributor Nigel Frankson					Registration Number, if PAC		
Street Address 48 Macon St. #2		Employer/Occupation/Labor Organization* Brown Advisory			Form (Cash, Check, etc.) on line contrib.		
City Brooklyn	State NY	Zip Code 11216	M 0	D 5	Y 2	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 also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Campbell for Judge						
Full Name of Contributor Total contributions from form 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 4	Y 1 3 1 0	Amount \$235.00
Full Name of Contributor Total contributions from form 31-E					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 0	D 4	Y 1 4 1 0	Amount \$125.00
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount

* 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 also appear. [R.C. 3517.10(B)(4)]

\$ 360.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Campbell for Judge							
To Whom Paid Custom Print Tees				M	D	Y	Amount
				0	5	1 2 1 0	\$76.80
Address 2409 N. High Street		Purpose Banner					
City Columbus		State OH	Zip Code 43202	Check Number Visa			
To Whom Paid Stonewall Democrats of Central Ohio				M	D	Y	Amount
				0	5	1 5 1 0	\$100.00
Address PO Box 10814		Purpose Sponsorship					
City Columbus		State OH	Zip Code 43201	Check Number 1001			
To Whom Paid Blue Utopia				M	D	Y	Amount
				0	4	3 1 1 0	\$17.36
Address PO Box 4486		Purpose Processing Fees - April					
City Seattle		State WA	Zip Code 98194	Check Number Debit card			
To Whom Paid Blue Utopia				M	D	Y	Amount
				0	5	1 5 1 0	\$10.73
Address PO Box 4486		Purpose Processing Fees - May					
City Seattle		State WA	Zip Code 98194	Check Number Debit Card			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State OH	Zip Code	Check Number			

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Campbell for Judge								
To Whom Paid Staples					M	D	Y	Amount
					0	3	10	\$19.17
Address 3737 Easton Market				Purpose Signs - Social Meeting				
City Columbus		State OH	Zip Code 43219	Check Number CS				
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
		OH						
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
		OH						
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
		OH						
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
		OH						
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
		OH						
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City		State	Zip Code	Check Number				
		OH						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$19.17

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Campbell for Judge							
Full Name of Contributor Tamara D. Brooks				Registration Number, if PAC			
Street Address 6345 Birchview Dr. S.		Employer/Occupation/Labor Organization* PrettyGirls Empowerment		M	D	Y	Amount
				0	4	1310	\$50.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) 1587			
Full Name of Contributor G. Gary Tyack				Registration Number, if PAC			
Street Address 381 Loveman Ave.		Employer/Occupation/Labor Organization* Judge		M	D	Y	Amount
				0	4	1310	\$50.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) ck			
Full Name of Contributor Martin L. Davis				Registration Number, if PAC			
Street Address 1905 Highland View Dr.		Employer/Occupation/Labor Organization* State of Ohio		M	D	Y	Amount
				0	4	1310	\$50.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) ck			
Full Name of Contributor Robert C. Bannerman				Registration Number, if PAC			
Street Address 2362 Bridgewald Blvd.		Employer/Occupation/Labor Organization* Attorney		M	D	Y	Amount
				0	4	1310	\$35.00
City Obetz		State OH	Zip Code 43207	Form (Cash, Check, etc.) cash			
Full Name of Contributor Derekia Jacobs				Registration Number, if PAC			
Street Address 5587 Telluride Blvd.		Employer/Occupation/Labor Organization* Ins. Agent		M	D	Y	Amount
				0	4	1310	\$50.00
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) cash			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			

* 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 also 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.

\$0.00

\$0.00

Page Total \$ 235.00

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Campbell For Judge												
To Whom Paid Claddagh						M	D	Y	Amount			
						0	4	1	3	1	0	\$35.04
Address 585 S. Front Street				Purpose FR-food & bev								
City Columbus		State OH		Zip Code 43215		Check Number cash						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$35.04

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Campbell For Judge				Registration Number, if PAC			
Full Name of Contributor Bill R. Hedrick				Registration Number, if PAC			
Street Address 535 West First Ave.		Employer/Occupation/Labor Organization* City Prosecutor - Cols		M	D	Y	Amount
				0	4	1	\$25.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) ck			
Full Name of Contributor Joe Sommer				Registration Number, if PAC			
Street Address 5672 Great Hall Ct.		Employer/Occupation/Labor Organization* Atty. - State of Ohio		M	D	Y	Amount
				0	4	1	\$50.00
City Columbus		State OH	Zip Code 43231	Form (Cash, Check, etc.) ck			
Full Name of Contributor Melissa Furmann				Registration Number, if PAC			
Street Address 1129 Afton Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	1	\$25.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) ck			
Full Name of Contributor Tara M. Allison				Registration Number, if PAC			
Street Address 5393 York County Road		Employer/Occupation/Labor Organization* Self		M	D	Y	Amount
				0	4	1	\$25.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) ck			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			

* 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 also 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

00.00

Total expenditures this event.

\$125.00

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Campbell for Judge												
To Whom Paid Slammers Bar						M	D	Y	Amount			
						0	4	1	4	1	0	\$13.50
Address 202 Long Street				Purpose FR - Drinks								
City Columbus		State OH		Zip Code 43215		Check Number cash						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
		OH										

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$13.50

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Campbell For Judge			
Full Name of Contributor Jamie Campbell	Employer, Occupation, Labor Organization* Attorney	Registration Number, if PAC	
Street Address 6319 Maple Canyon Dr.	Description of Item or Service Website	M D Y 0 2 1 6 1 0	Fair Market Value \$400.00
City Columbus	State OH	Zip Code 43229	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Jamie Campbell	Employer, Occupation, Labor Organization* Atty.	Registration Number, if PAC	
Street Address 6319 Maple Canyon Dr.	Description of Item or Service Bookmarks	M D Y 0 3 0 5 1 0	Fair Market Value \$80.06
City Columbus	State OH	Zip Code 43229	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Jamie Campbell	Employer, Occupation, Labor Organization* Atty	Registration Number, if PAC	
Street Address 6319 Maple Canyon Dr.	Description of Item or Service Bookmarks	M D Y 0 3 1 0 1 0	Fair Market Value \$66.00
City Columbus	State OH	Zip Code 43229	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Ernestine Sledge	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address 3803 Warrendale	Description of Item or Service T-Shirts	M D Y 0 5 2 6 1 0	Fair Market Value \$200.00
City Cleveland	State OH	Zip Code 44118	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Milicent Morgan	Employer, Occupation, Labor Organization* The Limited	Registration Number, if PAC	
Street Address 3738 April Lane	Description of Item or Service Ticket	M D Y 0 3 1 5 1 0	Fair Market Value \$75.00
City Columbus	State OH	Zip Code 43227	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Greg Behs Sr.	Employer, Occupation, Labor Organization* Retired	Registration Number, if PAC	
Street Address STONE PILE RD	Description of Item or Service Food - Meet & Greet	M D Y 0 3 1 7 1 0	Fair Market Value \$100.00
City NEWARK	State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor Bill Hedrick	Employer, Occupation, Labor Organization* City Attorney	Registration Number, if PAC	
Street Address 535 West First Ave.	Description of Item or Service Event ticket	M D Y 0 5 0 1 1 0	Fair Market Value \$40.00
City Columbus	State OH	Zip Code 43215	Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor Jamie Campbell	Employer, Occupation, Labor Organization* Atty	Registration Number, if PAC	
Street Address 6319 Maple Canyon Dr.	Description of Item or Service Parade Expense	M D Y 0 5 2 9 1 0	Fair Market Value \$162.00
City Columbus	State OH	Zip Code 43229	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]

#1123.06

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Campbell for Judge							
Full Name of Contributor Jamie Campbell		Employer, Occupation, Labor Organization* Atty		Registration Number, if PAC			
Street Address 6319 Maple Canyon Drive		Description of Item or Service April Website Maintenance		M	D	Y	Fair Market Value \$45.00
City Columbus		State OH	Zip Code 43229	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor Jamie Campbell		Employer, Occupation, Labor Organization* Atty		Registration Number, if PAC			
Street Address 6319 Maple Canyon Drive		Description of Item or Service May Website Maintenance		M	D	Y	Fair Market Value \$45.00
City Columbus		State OH	Zip Code 43229	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
		OH		<input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
		OH		<input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
		OH		<input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
		OH		<input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
		OH		<input type="radio"/> YES <input type="radio"/> NO			
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State	Zip Code	Received at Fundraising Event?			
		OH		<input type="radio"/> YES <input type="radio"/> NO			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]

\$ 90.00