

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Campbell for Judge												
To Whom Paid Expenditures from form 31-F						M	D	Y	Amount			
						0	3	1	0	1	0	\$19.17
Address				Purpose Meet & Greet								
City				State OH	Zip Code		Check Number					
To Whom Paid Expenditures from for 31-F						M	D	Y	Amount			
						0	4	1	3	1	0	\$35.04
Address				Purpose FR								
City				State OH	Zip Code		Check Number					
To Whom Paid Expenditures from form 31-F						M	D	Y	Amount			
						0	4	1	4	1	0	\$13.50
Address				Purpose FR								
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					
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					

\$67.71