

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				Amount			
Evonne Richardson				\$75.00			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	
6065 Nasby Drive				1	0	2	1
City		State	Zip Code	Form (Cash, Check, etc.)			
Galloway		OH	43119	ck			
Full Name of Contributor				Registration Number, if PAC			
Fred Vierow							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
6870 Haymore Ave.				1	0	2	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Worthington		OH	43085	ck			
Full Name of Contributor				Registration Number, if PAC			
Dennis Kaps							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1910 Oakland Park Ave.				1	0	2	\$35.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43214	ck			
Full Name of Contributor				Registration Number, if PAC			
Joseph Sommer							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5672 Great Hall Ct.				1	0	2	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43231	ck			
Full Name of Contributor				Registration Number, if PAC			
Lisa F. Thompson							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5161 Tyler Henry Drive				1	0	2	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Canal Winchester		OH	43110	ck			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 310.00