

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

Prescribed by Secretary of State 03/03

Name of Committee in Full				Registration Number, if PAC			
CAMPBELL FOR JUDGE							
Full Name of Contributor Anita Comedy				Registration Number, if PAC			
Street Address 1081 E. 167th ST.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2710	\$30.00
City Cleveland	State OH	Zip Code 44110		Form (Cash, Check, etc.) ck			
Full Name of Contributor Richard Sledge				Registration Number, if PAC			
Street Address 3803 Warrensale		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2710	\$20.10
City S. Euclid	State OH	Zip Code 44118		Form (Cash, Check, etc.) ck			
Full Name of Contributor GREGORY CLIFFORD				Registration Number, if PAC			
Street Address 15557 Glynn		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2710	\$25.00
City East Cleveland	State OH	Zip Code 44112		Form (Cash, Check, etc.) ck			
Full Name of Contributor Joyce Kern				Registration Number, if PAC			
Street Address 3586 Hartwood		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2710	\$20.10
City Cleveland Hts.	State OH	Zip Code 44121		Form (Cash, Check, etc.) cash			
Full Name of Contributor William Peterson				Registration Number, if PAC			
Street Address 1117 E. 168th Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2710	\$50.00
City Cleveland	State OH	Zip Code 44110		Form (Cash, Check, etc.) ck			
Full Name of Contributor Chris Sledge				Registration Number, if PAC			
Street Address 391 Audrey		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2710	\$100.00
City Richmond Heights	State OH	Zip Code 44143		Form (Cash, Check, etc.) ck			
Full Name of Contributor Cicely Campbell				Registration Number, if PAC			
Street Address 2129 Oberlin Dr. Apt 11		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2710	\$20.00
City Saint Louis	State MO	Zip Code 63148		Form (Cash, Check, etc.) ck			

\* 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 \$ 265.20