

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|  |                    |   |               |               |                                     |                           |  |
|--|--------------------|---|---------------|---------------|-------------------------------------|---------------------------|--|
| Name of Committee in Full<br><b>CAMPBELL FOR JUDGE</b>   |                    |   |               |               |                                     |                           |  |
| Full Name of Contributor<br><b>Tiffany Higgins</b>       |                    |   |               |               | Registration Number, if PAC         |                           |  |
| Street Address<br><b>411 W. Ontario St. Unit 105</b>     |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>on-line |                           |  |
| City<br><b>Chicago</b>                                   | State<br><b>IL</b> | Zip Code<br><b>60654</b>                | M<br><b>0</b> | D<br><b>8</b> | Y<br><b>0</b>                       | Amount<br><b>\$100.00</b> |  |
| Full Name of Contributor<br><b>Shirley Johnson</b>       |                    |   |               |               | Registration Number, if PAC         |                           |  |
| Street Address<br><b>1243 Shady Lane Rd.</b>             |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>on-line |                           |  |
| City<br><b>Columbus</b>                                  | State<br><b>OH</b> | Zip Code<br><b>43227</b>                | M<br><b>0</b> | D<br><b>8</b> | Y<br><b>0</b>                       | Amount<br><b>\$25.00</b>  |  |
| Full Name of Contributor<br><b>Odell Hall</b>            |                    |   |               |               | Registration Number, if PAC         |                           |  |
| Street Address<br><b>129 West 147th Street #20K</b>      |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>ON-LINE |                           |  |
| City<br><b>New York</b>                                  | State<br><b>NY</b> | Zip Code<br><b>10039</b>                | M<br><b>0</b> | D<br><b>8</b> | Y<br><b>0</b>                       | Amount<br><b>\$34.00</b>  |  |
| Full Name of Contributor<br><b>Eugenia Marshall</b>      |                    |   |               |               | Registration Number, if PAC         |                           |  |
| Street Address<br><b>4363 Glenmawr Ave.</b>              |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>on-line |                           |  |
| City<br><b>Columbus</b>                                  | State<br><b>OH</b> | Zip Code<br><b>43224</b>                | M<br><b>0</b> | D<br><b>8</b> | Y<br><b>0</b>                       | Amount<br><b>\$34.00</b>  |  |
| Full Name of Contributor<br><b>Delmarshae Sledge</b>     |                    |   |               |               | Registration Number, if PAC         |                           |  |
| Street Address<br><b>2209 East Grace Street</b>          |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>on-line |                           |  |
| City<br><b>Richmond</b>                                  | State<br><b>VA</b> | Zip Code<br><b>23223</b>                | M<br><b>0</b> | D<br><b>8</b> | Y<br><b>0</b>                       | Amount<br><b>\$95.00</b>  |  |
| Full Name of Contributor<br><b>Michael Van Tine</b>      |                    |   |               |               | Registration Number, if PAC         |                           |  |
| Street Address<br><b>188 E. Kelso Rd.</b>                |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>on-line |                           |  |
| City<br><b>Columbus</b>                                  | State<br><b>OH</b> | Zip Code<br><b>43202</b>                | M<br><b>0</b> | D<br><b>8</b> | Y<br><b>0</b>                       | Amount<br><b>\$50.00</b>  |  |
| Full Name of Contributor<br><b>Tonya Thomas-Williams</b> |                    |   |               |               | Registration Number, if PAC         |                           |  |
| Street Address<br><b>92 Cherry Bark Loop</b>             |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>on-line |                           |  |
| City<br><b>Clayton</b>                                   | State<br><b>NC</b> | Zip Code<br><b>27527</b>                | M<br><b>0</b> | D<br><b>8</b> | Y<br><b>0</b>                       | Amount<br><b>\$25.00</b>  |  |
| Full Name of Contributor<br><b>Latanya Sullivan</b>      |                    |   |               |               | Registration Number, if PAC         |                           |  |
| Street Address<br><b>860 Smithfield Drive</b>            |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>on-line |                           |  |
| City<br><b>Sagamore Hills</b>                            | State<br><b>OH</b> | Zip Code<br><b>44067</b>                | M<br><b>0</b> | D<br><b>8</b> | Y<br><b>0</b>                       | Amount<br><b>\$25.00</b>  |  |

\* 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)]

Page Total **\$388.00**