

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 | | | | | |
| Full Name of Contributor Joyclyn Armstrong | | | | Registration Number, if PAC | |
| Street Address 3399 Beulah Rd. | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 0 |
| City Columbus | State OH | Zip Code 43224 | Form (Cash, Check, etc.) ck | | Amount \$34.00 |
| Full Name of Contributor Deborah Sanders | | | | Registration Number, if PAC | |
| Street Address 641 Indian Mound Rd. | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 0 |
| City Columbus | State OH | Zip Code 43212 | Form (Cash, Check, etc.) ck | | Amount \$50.00 |
| Full Name of Contributor Tom Waldeck | | | | Registration Number, if PAC | |
| Street Address 1027 Peggy,s Cove | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 0 |
| City Reynoldsburg | State OH | Zip Code 43068 | Form (Cash, Check, etc.) ck | | Amount \$34.00 |
| Full Name of Contributor Donnell Hughes | | | | Registration Number, if PAC | |
| Street Address 5555 Bengie Ct. | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 0 |
| City Huber Heights | State OH | Zip Code 45424 | Form (Cash, Check, etc.) ck | | Amount \$40.00 |
| Full Name of Contributor Michael & Joy Bivens | | | | Registration Number, if PAC | |
| Street Address 4985 Doral Ave. | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 0 |
| City Columbus | State OH | Zip Code 43213 | Form (Cash, Check, etc.) ck | | Amount \$50.00 |
| Full Name of Contributor Howard Heard | | | | Registration Number, if PAC | |
| Street Address P.O. Box 06606 | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 0 |
| City Columbus | State OH | Zip Code 43206 | Form (Cash, Check, etc.) ck | | Amount \$100.00 |
| Full Name of Contributor Allison Ho-Sang | | | | Registration Number, if PAC | |
| Street Address 3802 Willowswitch Lane | Employer/Occupation/Labor Organization* | | M 0 | D 8 | Y 0 |
| City Columbus | State OH | Zip Code 43207 | Form (Cash, Check, etc.) ck | | Amount \$34.00 |

* 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)]

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

342.00