31-E R.C. 3517.10(B)

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

Event Date 8/9/10	1
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Prescribed by Secretary of State 03/0

Name of Committee in Full			
CAMPBELL FOR JUDGE			
Full Name of Contributor			Registration Number, if PAC
Joyclyn Armstrong			registration Number, BTAC
Street Address	Employed/Oame	ntion (I along Our contraction #	M D Y Amount
3399 Beulah Rd.	Employer/Occupation/Labor Organization*		0 8 0 9 1 0 \$34.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43224	ck
Full Name of Contributor			Registration Number, if PAC
Deborah Sanders			
Street Address	Employer/Occupation/Labor Organization*		M D Yi Amount
641 Indian Mound Rd.			0 8 0 9 1 0 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	ck
Full Name of Contributor			Registration Number, if PAC
Tom Waldeck			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1027 Peggy,s Cove			0 8 0 9 1 0 \$34.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	ck _
Full Name of Contributor			Registration Number, if PAC
Donnell Hughes			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
5555 Bengie Ct.			0 8 0 9 1 0 \$40.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Huber Heights	OH	45424	ck
Full Name of Contributor Michael & Joy Bivens			Registration Number, if PAC
Street Address 4985 Doral Ave.	Employer/Occupation/Labor Organization*		0 8 0 9 1 0 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH,	43213	ck
Full Name of Contributor Howard Heard			Registration Number, if PAC
Street Address P.O. Box 06606	Employer/Occupation/Labor Organization*		0 8 0 9 1 0 Amount \$100.00
City	Sta te	Zip Code 43206	Form (Cash, Check, etc.)
	OH 43206		Registration Number, if PAC
Full Name of Contributor Allison Ho-Sang			Registration Pulmoet, if PAC
Street Address 3802 Willowswitch Lane	Employer/Occupation/Labor Organization*		0 8 0 9 1 0 Amount \$34.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43207	ck

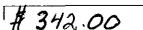
Fill in the boxes below only on the last page for this event.

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						
			T			

Total expenditures this event.





^{*} 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)]