31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
CAMPBELL FOR JUDGE

Full Name of Contributor	Registration Number, if PAC					
Michele Van Tine						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
188 E Kelso Rd.						on-line
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	OH	43202	07	05	10	$50.00
Full Name of Contributor	**Registration Number, if PAC**					
Delmarshae Sledge						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
2209 E. Grace Street						on-line
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Richmond	VA	23223	07	18	10	$95.00
Full Name of Contributor	**Registration Number, if PAC**					
Lolita Webb						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
1419 E. 80th St.						on-line
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Cleveland	OH	44103	07	28	10	$40.00
Full Name of Contributor	**Registration Number, if PAC**					
Tonya Thomas-Williams						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
92 Cherry Bark Loop						on-line
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Clayton	NC	27527	07	28	10	$25.00
Full Name of Contributor	**Registration Number, if PAC**					
Noelle Frieson						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
3021 Edwin Ave.						on-line
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Hackensack	NJ	07024	07	28	10	$25.00
Full Name of Contributor	**Registration Number, if PAC**					
Michele Van Tine						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
188 E. Kelso Rd.						on-line
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	OH	43202	07	30	10	$34.00
Full Name of Contributor	**Registration Number, if PAC**					
Michele Van Tine						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
188 E. Kelso Rd.						on-line
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	OH	43202	08	05	10	$50.00
Full Name of Contributor	**Registration Number, if PAC**					
Victoria Meacham						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
5146 Longbranch Lane						on-line
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	OH	43213	08	03	10	$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)]

Page Total $353.00