

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 Bill R. Hedrick			Registration Number, if PAC	
Street Address 535 West First Ave.	Employer/Occupation/Labor Organization* City Prosecutor - Cols		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$25.00
Full Name of Contributor Joe Sommer			Registration Number, if PAC	
Street Address 5672 Great Hall Ct.	Employer/Occupation/Labor Organization* Atty. - State of Ohio		M 0	D 4
City Columbus	State OH	Zip Code 43231	Y 1	Amount \$50.00
Full Name of Contributor Melissa Furmann			Registration Number, if PAC	
Street Address 1129 Afton Road	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$25.00
Full Name of Contributor Tara M. Allison			Registration Number, if PAC	
Street Address 5393 York County Road	Employer/Occupation/Labor Organization* Self		M 0	D 4
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$25.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount

* 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.

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\$125.00

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