31-E R.C. 3517.10(B)

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

Event Date	4/14/10
Page 1	

Prescribed by Secretary of State 03/05

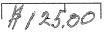
Name of Committee in Full			
Campbell For Judge			
Full Name of Contributor		Registration Number, if PAC	
Bill R. Hedrick			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
535 West First Ave.	City Prosecutor - Cols	0 4 1 4 1 0 \$25.00	
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43215	ck	
Full Name of Contributor		Registration Number, if PAC	
Joe Sommer			
Street Address	Employer/Occupation/Labor Organization* Atty State of Ohio	M D Y Amount 0 4 1 4 1 0 \$50.00	
5672 Great Hall Ct.		0 4 1 4 1 0 \$50.00 Form (Cash, Check, etc.)	
City	Sta te   Zip Code   OH   43231	ck	
Columbus	UH   43231	Registration Number, if PAC	
Full Name of Contributor  Melissa Furmann		Togistianou Hamovi, il 170	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
1129 Afton Road	Employer/Occupation/Labor Organization	0 4 1 4 1 0 \$25.00	
City	Sta te Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43221	ck	
Full Name of Contributor		Registration Number, if PAC	
Tara M. Allison			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
5393 York County Road	Self	0 4 1 4 1 0 \$25.00	
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43221	ck	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
City	Stalte Zip Code OH	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
City	Stal te Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor	Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
City	Sta te Zip Code	Form (Cash, Check, etc.)	
	OH		
* Required for contributions from individuals over	\$100 to statewide and General Assembly candidates. If contrib	outor is self-employed, the occupation and the name o	

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 contribut	ions thi	s event	

Total expenditures this event.



<sup>\*</sup> 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)]