

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>CAMPBELL FOR JUDGE</b>									
To Whom Paid <b>Maggiano,s Little Italy</b>						M	D	Y	Amount <b>\$65.00</b>
Address <b>26300 Cedar Rd.</b>						Purpose <b>Food - Pizza</b>			
City <b>Cleveland</b>						State <b>OH</b>	Zip Code <b>44122</b>		Check Number <b>cash</b>
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State <b>OH</b>	Zip Code		Check Number
To Whom Paid						M	D	Y	Amount

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

**\$65.00**  
Page Total \$