

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CAMPBELL FOR JUDGE							
Full Name of Contributor Michell Van Tine				Registration Number, if PAC			
Street Address 188 E. Kelso Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on-line		
City Columbus	State OH	Zip Code 43202	M 0	D 6	Y 0	Amount \$50.00	
Full Name of Contributor Delmarshae Sledge				Registration Number, if PAC			
Street Address 2209 East Grace St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on-line		
City Richmond	State VA	Zip Code	M 0	D 6	Y 1	Amount \$95.00	
Full Name of Contributor Jennifer Mitchell Earley				Registration Number, if PAC			
Street Address 3636 Roselawn Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on-line		
City Woodmere Village	State OH	Zip Code 44122	M 0	D 6	Y 1	Amount \$25.00	
Full Name of Contributor Laborers Int'Union of North America Local 423				Registration Number, if PAC			
Street Address 620 Alum Creek Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check - 1083		
City Columbus	State OH	Zip Code 43205	M 0	D 6	Y 2	Amount \$1,000.00	
Full Name of Contributor Craig Fitzgerald				Registration Number, if PAC			
Street Address 770 Steamwater Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Blacklick	State OH	Zip Code 43004	M 0	D 6	Y 1	Amount \$25.00	
Full Name of Contributor Joi Travis				Registration Number, if PAC			
Street Address 397-D South Grant Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 0	D 7	Y 1	Amount \$25.00	
Full Name of Contributor Dianna M. A Nelli				Registration Number, if PAC			
Street Address 4018 Clearview Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43220	M 0	D 7	Y 1	Amount \$250.00	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	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)]

Page Total \$1,470.00