

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
CAMPBELL FOR JUDGE							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Michael Sheline				1	0	2	\$25.00
Street Address		City		Form (Cash, Check, etc.)			
912 Bernard Road		Columbus		ck			
State		Zip Code		Form (Cash, Check, etc.)			
OH		43221		ck			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Robert Bannerman				1	0	2	\$50.00
Street Address		City		Form (Cash, Check, etc.)			
2362 Bridlewood Blvd.		Obetz		ck			
State		Zip Code		Form (Cash, Check, etc.)			
OH		43207		ck			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Tiffin Ayres				1	0	2	\$100.00
Street Address		City		Form (Cash, Check, etc.)			
2228 Pinion Place		Reynoldsburg		ck			
State		Zip Code		Form (Cash, Check, etc.)			
OH		43068		ck			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Greg Finnerty				1	0	2	\$75.00
Street Address		City		Form (Cash, Check, etc.)			
6013 Round Tower Lane		Dublin		ck			
State		Zip Code		Form (Cash, Check, etc.)			
OH		43017		ck			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Gregory N. Finnerty Law Office				1	0	2	\$75.00
Street Address		City		Form (Cash, Check, etc.)			
21 W. Broad St., Suite 500		Columbus		ck			
State		Zip Code		Form (Cash, Check, etc.)			
OH		43215		ck			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Terry Lydene				1	0	2	\$100.00
Street Address		City		Form (Cash, Check, etc.)			
6347 Memorial Drive		Dublin		ck			
State		Zip Code		Form (Cash, Check, etc.)			
OH		43017		ck			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Patsy Thomas				1	0	2	\$100.00
Street Address		City		Form (Cash, Check, etc.)			
5689 Plum Orchard		Columbus		ck			
State		Zip Code		Form (Cash, Check, etc.)			
OH		43213		ck			

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 525.00