Event Date	4/14/10	
Page 1		

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

				new Alberta Control Control			
Name of Committee in Full Campbell for Judge							
To Whom Paid			M	D Y	Amount		
Slammers Bar			1 :	1 4 1 0	8		
Address	Purpose						
202 Long Street	FR - Drink	KS					
City	State	Zip Code	Check Number				
Columbus	ОН	43215	cash				
To Whom Paid			M	D Y	Amount		
Address	Purpose						
City	State	Zip Code	Check Number				
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To Whom Paid			M	D Y	Amount		
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City	Sta te	Zip Code	Check N	lumber			
	OH			Chook Pullibor			
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Address	Purpose	Purpose					
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City	State OH	Zip Code	Check Number				
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City	State	Zip Code	Check P	NULLI DEL			
	OH			1			
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Address	Purpose			<u> </u>			
City	State Zip Code		Check Number				
	OH	1 1					
To Whom Paid			M	D Y	Amount		
Address	Purpose	Purpose					
City	State	Zip Code	Check 1	Number			
	ОН						
	J V 1 1						

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.