

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Campbell for Judge												
To Whom Paid Slammers Bar						M	D	Y	Amount \$13.50			
						0	4	1	4	1	0	
Address 202 Long Street				Purpose FR - Drinks								
City Columbus				State OH		Zip Code 43215		Check Number cash				
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City						State OH		Zip Code		Check Number		

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.

\$13.50