

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Campbell For Judge							
Full Name of Contributor Ayeshia Dompey						Registration Number, if PAC	
Street Address 2134 Farrington Ave.			Employer/Occupation/Labor Organization* Phy. Asst. - Edu. Assoc.			Form (Cash, Check, etc.) on line contrib.	
City Alexandria		State VA	Zip Code 22310	M 0	D 4	Y 1 4 1 0	Amount \$20.00
Full Name of Contributor Michika Nickerson						Registration Number, if PAC	
Street Address 6240 Rossi Dr.			Employer/Occupation/Labor Organization* OSU Medical Center			Form (Cash, Check, etc.) on line contrib.	
City Canal Winchester		State OH	Zip Code 43110	M 0	D 4	Y 1 4 1 0	Amount \$20.00
Full Name of Contributor Mel Fuhman						Registration Number, if PAC	
Street Address 1129 Afton Rd.			Employer/Occupation/Labor Organization* Justice League of Ohio			Form (Cash, Check, etc.) on line contrib.	
City Columbus		State OH	Zip Code 43221	M 0	D 5	Y 1 7 1 0	Amount \$50.00
Full Name of Contributor Eddie Sands						Registration Number, if PAC	
Street Address 947 E. Johnstown Rd.			Employer/Occupation/Labor Organization* Bizzybee Locating Services			Form (Cash, Check, etc.) Cash	
City Gahanna		State OH	Zip Code 43230	M 0	D 5	Y 0 7 1 0	Amount \$50.00
Full Name of Contributor William Houston						Registration Number, if PAC	
Street Address 78 Cumberland Gate			Employer/Occupation/Labor Organization* Ed Voxles			Form (Cash, Check, etc.) on line contrib.	
City Smyra		State GA	Zip Code 30080	M 0	D 5	Y 1 8 1 0	Amount \$100.00
Full Name of Contributor Delmarshae Sledsge						Registration Number, if PAC	
Street Address 2209 East Grace St.			Employer/Occupation/Labor Organization* Richmond Hill			Form (Cash, Check, etc.) on line contrib.	
City Richmond		State VA	Zip Code 23223	M 0	D 5	Y 1 8 1 0	Amount \$95.00
Full Name of Contributor Joseph A. Bahgat						Registration Number, if PAC	
Street Address 301 N. Harrison St #178			Employer/Occupation/Labor Organization* Ck			Form (Cash, Check, etc.) Ck	
City Princeton		State NJ	Zip Code 08540	M 0	D 5	Y 0 7 1 0	Amount \$50.00
Full Name of Contributor Nigel Frankson						Registration Number, if PAC	
Street Address 48 Macon St. #2			Employer/Occupation/Labor Organization* Brown Advisory			Form (Cash, Check, etc.) on line contrib.	
City Brooklyn		State NY	Zip Code 11216	M 0	D 5	Y 2 4 1 0	Amount \$100.00

* 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 **\$485.00**