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

Event Date	8/27/10	7
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Prescribed by Secretary of State 03/05

Name of Committee in Full					
CAMPBELL FOR JUDGE					
Full Name of Contributor Anita Comedy			Registration Number, if PAC		
Street Address	F1(O	-titititititititititi	M D Y Amount		
1081 E. 167th ST.	Employer/Occup	ation/Labor Organization*	0 8 2 7 1 0 \$30.00		
City	Starte	Zip Code	Form (Cash, Check, etc.)		
Cleveland	OH	44110	ck		
Full Name of Contributor			Registration Number, if PAC		
Richard Sledge					
Street Address 3803 Warrendsale	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 8 2 7 1 0 \$20.10		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
S. Euclid	OH	44118	ck "		
Full Name of Contributor Gregory & Karen Clifford			Registration Number, if PAC		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
15557 Glynn			0 8 2 7 1 0 \$25.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
East Cleveland	OH	44112	ck		
Full Name of Contributor			Registration Number, if PAC		
Joyce Kern					
Street Address 3586 Hartwood	Employer/Occup	ation/Labor Organization*	M D Y Amount \$20.10		
City	Sta'te	Zip Code	0 8 2 7 1 0 \$20.10 Form (Cash, Check, etc.)		
Cleveland Hts.	OH	44121	cash		
Full Name of Contributor	[011	77 12.1	Registration Number, if PAC		
William Peterson			regionation running, in the		
Street Address 1117 E. 168th Street	Employer/Occup	ation/Labor Organization*	0 8 2 7 1 0 Amount \$50.00		
City Cleveland	Sta te OH	Zip Code 44110	Form (Cash, Check, etc.)		
Full Name of Contributor Chris Sledge			Registration Number, if PAC		
Street Address 391 Audrey	Employer/Occup	ation/Labor Organization*	0 8 2 7 1 0 Amount \$100.00		
City Richmond Heights	OH State	Zip Code 44143	Form (Cash, Check, etc.)		
Full Name of Contributor Cicely Campbell	•		Registration Number, if PAC		
Street Address 2129 Oberlin Dr. Apt 11	Employer/Occup	ation/Labor Organization*	0 8 2 7 1 0 Amount \$20.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Saint Louis	MO	63146	ck		

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	Total expenditures this event.				
\$0.00	\$0.00	Page Total \$	\$265.20		

^{*} 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)]