

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|---|--------------------|---|---------------|---------------|---------------|-------------------------------------|--|
| Name of Committee in Full CAMPBELL FOR JUDGE | | | | | | | |
| Full Name of Contributor Bobbie Celeste | | | | | | Registration Number, if PAC | |
| Street Address 1230 Oakland Avenue | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) on-line | |
| City Columbus | State OH | Zip Code 43212 | M 1 | D 0 | Y 2 | Amount \$50.00 | |
| Full Name of Contributor Joan Clark | | | | | | Registration Number, if PAC | |
| Street Address 1331 Reed St, Apt 1 | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) on-line | |
| City Philadelphia | State PA | Zip Code 19147 | M 1 | D 3 | Y 2 | Amount \$100.00 | |
| Full Name of Contributor Kiva Smith | | | | | | Registration Number, if PAC | |
| Street Address 3493 Kenlawn Street | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) on-line | |
| City Columbus | State OH | Zip Code 43224 | M 1 | D 0 | Y 2 | Amount \$50.00 | |
| Full Name of Contributor Michelle Van Tine | | | | | | Registration Number, if PAC | |
| Street Address 188 Kelso Road | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) on-line | |
| City Columbus | State OH | Zip Code 43202 | M 1 | D 1 | Y 0 | Amount \$250.00 | |
| Full Name of Contributor Viccene Verdun | | | | | | Registration Number, if PAC | |
| Street Address 2869 Berwick Blvd | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) on-line | |
| City Columbus | State OH | Zip Code 43209 | M 1 | D 1 | Y 1 | Amount \$50.00 | |
| Full Name of Contributor Contributions from Form No. 31-E | | | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M 1 | D 0 | Y 2 | Amount \$835.00 | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | D | Y | Amount | |

* 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 **\$1,335.00**