Event Date	3/10/10
Page 1	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

				XIII dayaya da Xia ga da ayaa ahaa ahaa ahaa ahaa ahaa ahaa		
Name of Committee in Full Campbell for Judge						
To Whom Paid			M	D Y	Amount	
Staples			1 :	1 0 1 0	\$19.17	
Address	Purpose					
3737 Easton Market	Signs - S	Signs - Social Meeting				
City	State	Zip Code	Check Number			
Columbus	OH	43219	cs			
To Whom Paid			M	D Y	Amount	
Address	Purpose					
City	State	Zip Code	Check N			
-	ОН					
To Whom Paid			M:	D Y	Amount	
Address	Purpose	Purpose				
City	State	Zip Code	Check N	lumber		
	ОН					
To Whom Paid			M	D Y	Amount	
Address	Purpose				<u> </u>	
	C22	7in Codo	Cheek Number			
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D Y	Amount	
Address	Purpose		<u>.</u>			
C4	State	Zip Code	Check N	Jumher		
City	OH	Zap Code	Check I			
To Whom Paid			M	D Y	Amount	
AV TIMOM I MU						
Address	Purpose			<u> </u>		
Cit.	Zip Code	Check N	Jumber			
City	OH			Check Number		
To Whom Paid			M	D Y	Amount	
Address	Purpose	Purpose			-	
City	State	Zip Code	Check 1	Number		
	ОН					

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.