

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 Claddagh						M	D	Y	Amount
						0	4	1	3
						1	0		\$35.04
Address 585 S. Front Street				Purpose FR-food & bev					
City Columbus				State OH	Zip Code 43215		Check Number cash		
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code		Check Number
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code		Check Number
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code		Check Number
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code		Check Number
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code		Check Number
						OH			
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State	Zip Code		Check Number
						OH			

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.

\$35.04