

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
CAMPBELL FOR JUDGE									
Full Name of Contributor						Registration Number, if PAC			
Tiffany Higgins									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
411 W. Ontario St. Unit 105						on-line			
City		State	Zip Code	M	D	Y	Amount		
Chicago		IL	60654	0	8	0	3	1	0
Full Name of Contributor						Registration Number, if PAC			
Shirley Johnson									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1243 Shady Lane Rd.						on-line			
City		State	Zip Code	M	D	Y	Amount		
Columbus		OH	43227	0	8	0	3	1	0
Full Name of Contributor						Registration Number, if PAC			
Odell Hall									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
129 West 147th Street #20K						ON-LINE			
City		State	Zip Code	M	D	Y	Amount		
New York		NY	10039	0	8	0	3	1	0
Full Name of Contributor						Registration Number, if PAC			
Eugenia Marshall									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
4363 Glenmawr Ave.						on-line			
City		State	Zip Code	M	D	Y	Amount		
Columbus		OH	43224	0	8	0	7	1	0
Full Name of Contributor						Registration Number, if PAC			
Delmarshae Sledge									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2209 East Grace Street						on-line			
City		State	Zip Code	M	D	Y	Amount		
Richmond		VA	23223	0	8	1	8	1	0
Full Name of Contributor						Registration Number, if PAC			
Michael Van Tine, MICHELLE									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
188 E. Kelso Rd.						on-line			
City		State	Zip Code	M	D	Y	Amount		
Columbus		OH	43202	0	8	1	8	1	0
Full Name of Contributor						Registration Number, if PAC			
Tonya Thomas-Williams									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
92 Cherry Bark Loop						on-line			
City		State	Zip Code	M	D	Y	Amount		
Clayton		NC	27527	0	8	2	8	1	0
Full Name of Contributor						Registration Number, if PAC			
Latanya Sullivan									
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
860 Smithfield Drive						on-line			
City		State	Zip Code	M	D	Y	Amount		
Sagamore Hills		OH	44087	0	8	2	8	1	0

* 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 employers 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 \$388.00