Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	8/27/10
Page 3	

\$236.20

Page Total \$

Name of Committee in Full CAMPBELL FOR JUDGE					
Full Name of Contributor Stephanie Lipscomb			Registration Number, if PAC		
, ,			M D V	•	
Street Address 3007 Sockett Ave.	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$10.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Cleveland	OH	44109	money order		
Full Name of Contributor	•			Registration Number, if PAC	
Richard & Sandra Gadson					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount	
1213 Roslyn Ave.				\$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Akron	OH	44320	ck		
Full Name of Contributor	······································		Registration Number, if I	PAC	
Yolanda Bursstin					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y	Amount	
19018 Fairway				\$5.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Maple Hts.	OH	44137	cash		
Full Name of Contributor	······································		Registration Number, if I	PAC	
Crystal Sledge					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount	
135 Chestnut Ln #J-317		campioyer/occupations sugariration		\$50.00	
City	Sta'te	Zip Code	0 8 2 7 1 0 Form (Cash, Check, etc.)		
Richmond Hts.	OH OH	44143	ck		
Full Name of Contributor Dimetrus Snooy			Registration Number, if I	PAC	
Street Address			ME D Y	Amount	
3695 Irving Pk.	Employer/Occup	Employer/Occupation/Labor Organization*		\$21.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Woodmere	OH	44122	cash		
Full Name of Contributor Lolita Webb			Registration Number, if I	PAC	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y	Amount	
1419 E. 80th			0 8 2 7 1 0	\$20.10	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Cleveland	OH	44103	cash		
Full Name of Contributor Felicia Calloway	<u> </u>		Registration Number, if I	PAC	
Street Address	Employer/Occurs	Employer/Occupation/Labor Organization*		Amount	
4156 E. 108th			0 8 2 7 1 0	\$30.10	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Cleveland	OH	44105	cash		
* Required for contributions from individuals over		sembly candidates If contrib	utor is self-employed, the occu	nation and the name of	

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			

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)]