

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full CAMPBELL FOR JUDGE						
Full Name of Contributor Earnestine Sledge			Registration Number, if PAC			
Street Address 3803 S. Warrendale Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount \$20.10
City South Euclid	State OH	Zip Code 44118	Form (Cash, Check, etc.) ck			
Full Name of Contributor Sandra Surratt			Registration Number, if PAC			
Street Address 4959 Mayfield	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount \$20.10
City Lyndhurst	State OH	Zip Code 44124	Form (Cash, Check, etc.) ck			
Full Name of Contributor Stephanie Surratt			Registration Number, if PAC			
Street Address 1333 Cort	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount \$20.10
City East Cleveland	State OH	Zip Code 44112	Form (Cash, Check, etc.) ck			
Full Name of Contributor Valerie Purdy			Registration Number, if PAC			
Street Address 361 Briarcliff Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount \$20.10
City Alliance	State OH	Zip Code 44601	Form (Cash, Check, etc.) ck			
Full Name of Contributor Kathleen Purdy			Registration Number, if PAC			
Street Address 361 Briarcliff Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount \$20.10
City Alliance	State OH	Zip Code 44601	Form (Cash, Check, etc.) ck			
Full Name of Contributor Reona Sledge			Registration Number, if PAC			
Street Address 17512 Nottingham Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount \$30.00
City Cleveland	State OH	Zip Code 44149	Form (Cash, Check, etc.) ck			
Full Name of Contributor Mike Alexander			Registration Number, if PAC			
Street Address 10319 Glenmary Farm Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount \$300.00
City Louisville	State KY	Zip Code 40291	Form (Cash, Check, etc.) ck			

* 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)]

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

\$0.00

Total expenditures this event

\$0.00

Page Total \$ **\$430.50**