

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Campbell For Judge</b>							
Full Name of Contributor <b>Marilyn McGrone</b>						Registration Number, if PAC	
Street Address <b>5837 Long Lake Ln.</b>			Employer/Occupation/Labor Organization* <b>Honda</b>			Form (Cash, Check, etc.) on line contrib.	
City <b>Indianapolis</b>		State <b>IN</b>	Zip Code <b>46235</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Camille Jones</b>						Registration Number, if PAC	
Street Address <b>2055 Blake Park Dr.</b>			Employer/Occupation/Labor Organization* <b>Chase Bank</b>			Form (Cash, Check, etc.) on line contrib.	
City <b>Smyrna</b>		State <b>GA</b>	Zip Code <b>30080</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>\$20.00</b>
Full Name of Contributor <b>April Dawson</b>						Registration Number, if PAC	
Street Address <b>1450 Baxton Loop</b>			Employer/Occupation/Labor Organization* <b>State Auto Ins.</b>			Form (Cash, Check, etc.) on line contrib.	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43207</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Naoriya Marshall</b>						Registration Number, if PAC	
Street Address <b>8899</b>			Employer/Occupation/Labor Organization* <b>Cols City Schools</b>			Form (Cash, Check, etc.) on line contrib.	
City <b>Coral Canyon Circle</b>		State <b>OH</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>\$40.00</b>
Full Name of Contributor <b>Lynette Campbell</b>						Registration Number, if PAC	
Street Address <b>2700 Ella Rae Ct.</b>			Employer/Occupation/Labor Organization* <b>Toyota Motor Manufacturing</b>			Form (Cash, Check, etc.) on line contrib.	
City <b>Lexington</b>		State <b>KY</b>	Zip Code <b>40511</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>\$20.00</b>
Full Name of Contributor <b>Otira Nada Jadead</b>						Registration Number, if PAC	
Street Address <b>1100 First St. SE Apt. 306</b>			Employer/Occupation/Labor Organization* <b>OMR Medical</b>			Form (Cash, Check, etc.) on line contrib.	
City <b>Washington</b>		State <b>DC</b>	Zip Code <b>20003</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Alicia McAfee</b>						Registration Number, if PAC	
Street Address <b>7353 Joshua Trace</b>			Employer/Occupation/Labor Organization* <b>M/I Homes</b>			Form (Cash, Check, etc.) on line contrib.	
City <b>Canal Winchester</b>		State <b>OH</b>	Zip Code <b>43110</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Katrina Scales</b>						Registration Number, if PAC	
Street Address <b>611 Villa Glen</b>			Employer/Occupation/Labor Organization* <b>City of Birmingham</b>			Form (Cash, Check, etc.) on line contrib.	
City <b>Bessemer</b>		State <b>AL</b>	Zip Code <b>35020</b>	M <b>0</b>	D <b>4</b>	Y <b>0</b>	Amount <b>\$25.00</b>

\* 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)]

Page Total **\$305.00**