

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 Michelle & Warren Van Tine			Registration Number, if PAC	
Street Address 188 E. Kelso Road	Employer/Occupation/Labor Organization*		M D Y 0 8 09 1 0	Amount \$100.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) ck	
Full Name of Contributor Crystal Cook			Registration Number, if PAC	
Street Address 6942 Polpis Road	Employer/Occupation/Labor Organization*		M D Y 0 8 09 1 0	Amount \$35.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) cash	
Full Name of Contributor Robert Bannerman			Registration Number, if PAC	
Street Address 2362 Bridlewood Blvd.	Employer/Occupation/Labor Organization*		M D Y 0 8 09 1 0	Amount \$20.00
City Obetz	State OH	Zip Code 43207	Form (Cash, Check, etc.) cash	
Full Name of Contributor Victoria Tolbert			Registration Number, if PAC	
Street Address 5942 Saranac Dr.	Employer/Occupation/Labor Organization*		M D Y 0 8 09 1 0	Amount \$5.00
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc.) cash	
Full Name of Contributor Laura Miller & Kevin McCutcheon			Registration Number, if PAC	
Street Address 4557 Flower Garden Dr.	Employer/Occupation/Labor Organization*		M D Y 0 8 09 1 0	Amount \$80.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) cash	
Full Name of Contributor Eddie B. Sands Jr.			Registration Number, if PAC	
Street Address 947 E. Johnstown Rd.	Employer/Occupation/Labor Organization*		M D Y 0 8 09 1 0	Amount \$20.00
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) cash	
Full Name of Contributor LeTreese Jones			Registration Number, if PAC	
Street Address 3204 Gallant Drive	Employer/Occupation/Labor Organization*		M D Y 0 8 09 1 0	Amount \$40.00
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc.) cash	

* 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

Total expenditures this event.

\$0.00

\$300.00