

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full CAMPBELL FOR JUDGE									
To Whom Paid Expenditures from form 31-F						M	D	Y	Amount \$65.00
						0	8	2	7
						1	0		
Address					Purpose FR				
City					State OH	Zip Code			Check Number
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State OH	Zip Code			Check Number
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State OH	Zip Code			Check Number
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State OH	Zip Code			Check Number
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State OH	Zip Code			Check Number
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State OH	Zip Code			Check Number
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State OH	Zip Code			Check Number
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State OH	Zip Code			Check Number
To Whom Paid						M	D	Y	Amount
Address					Purpose				
City					State OH	Zip Code			Check Number
To Whom Paid						M	D	Y	Amount

Page total **\$65.00**