

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

Prescribed by Secretary of State 03/05

Event Date 8/9/10

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Name of Committee in Full CAMPBELL FOR JUDGE					
Full Name of Contributor Joyclyn Armstrong				Registration Number, if PAC	
Street Address 3399 Beulah Rd.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43224	Y 0	Amount \$34.00
				Form (Cash, Check, etc.) ck	
Full Name of Contributor Deborah Sanders				Registration Number, if PAC	
Street Address 641 Indian Mound Rd.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43212	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) ck	
Full Name of Contributor Tom Waldeck				Registration Number, if PAC	
Street Address 1027 Peggy's Cove		Employer/Occupation/Labor Organization*		M 0	D 8
City Reynoldsburg		State OH	Zip Code 43068	Y 0	Amount \$34.00
				Form (Cash, Check, etc.) ck	
Full Name of Contributor Donnell Hughes				Registration Number, if PAC	
Street Address 5555 Bengie Ct.		Employer/Occupation/Labor Organization*		M 0	D 8
City Huber Heights		State OH	Zip Code 45424	Y 0	Amount \$40.00
				Form (Cash, Check, etc.) ck	
Full Name of Contributor Joy Bivens				Registration Number, if PAC	
Street Address 4985 Doral Ave.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43213	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) ck	
Full Name of Contributor Howard Heard				Registration Number, if PAC	
Street Address P.O. Box 06606		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) ck	
Full Name of Contributor Allison Ho-Sang				Registration Number, if PAC	
Street Address 3802 Willowswitch Lane		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43207	Y 0	Amount \$34.00
				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

Total expenditures this event

00.00

342.00