

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

Prescribed by Secretary of State 03/03

Name of Committee in Full CAMPBELL FOR JUDGE					
Full Name of Contributor Starlette Campbell				Registration Number, if PAC	
Street Address 1856 Brightwood		Employer/Occupation/Labor Organization*		M 0	D 8
City East Cleveland		State OH	Zip Code 44112	Y 2	Amount \$40.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Derek Arnold					
Street Address 159 1/2 Cherry St. E.		Employer/Occupation/Labor Organization*		M 0	D 8
City Canal Fulton		State OH	Zip Code 44614	Y 2	Amount \$40.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Georganna Riley					
Street Address 5820 Scotswood Dr.		Employer/Occupation/Labor Organization*		M 0	D 8
City Cleveland		State OH	Zip Code 44124	Y 2	Amount \$100.00
Form (Cash, Check, etc.) ck					
Full Name of Contributor Mrs. Peterson					
Street Address 3803 Warrendale Rd.		Employer/Occupation/Labor Organization*		M 0	D 8
City South Euclid		State OH	Zip Code 44118	Y 2	Amount \$10.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Richard Sledge Jr.					
Street Address 3803 Warrendale Rd.		Employer/Occupation/Labor Organization*		M 0	D 8
City South Euclid		State OH	Zip Code 44118	Y 2	Amount \$25.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

* 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
11/4/10 90

Total expenditures this event

\$0.00
63.00

Page Total \$ **\$215.00**