

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 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			Registration Number, if PAC	
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 Georgenna Riley			Registration Number, if PAC	
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			Registration Number, if PAC	
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.			Registration Number, if PAC	
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			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
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
1146.90

Total expenditures this event.

\$0.00
65.00

Page Total \$ **\$215.00**