

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 Tamara D. Brooks			Registration Number, if PAC	
Street Address 6345 Birchview Dr. S.	Employer/Occupation/Labor Organization* PrettyGirls Empowerment		M 0	D 4
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$50.00
Full Name of Contributor G. Gary Tyack			Registration Number, if PAC	
Street Address 381 Loveman Ave.	Employer/Occupation/Labor Organization* Judge		M 0	D 4
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$50.00
Full Name of Contributor Martin L. Davis			Registration Number, if PAC	
Street Address 1905 Highland View Dr.	Employer/Occupation/Labor Organization* State of Ohio		M 0	D 4
City Powell	State OH	Zip Code 43065	Y 1	Amount \$50.00
Full Name of Contributor Robert C. Bannerman			Registration Number, if PAC	
Street Address 2362 Bridgewald Blvd.	Employer/Occupation/Labor Organization* Attorney		M 0	D 4
City Obetz	State OH	Zip Code 43207	Y 1	Amount \$35.00
Full Name of Contributor Derekia Jacobs			Registration Number, if PAC	
Street Address 5587 Telluride Blvd.	Employer/Occupation/Labor Organization* Ins. Agent		M 0	D 4
City Westerville	State OH	Zip Code 43081	Y 1	Amount \$50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount

* 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

Total expenditures this event.

\$0.00

Page Total \$ **\$235.00**