

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CAMPBELL FOR JUDGE</b>									
Full Name of Contributor <b>Charles Perkins</b>						Registration Number, if PAC			
Street Address <b>744 Radford Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City <b>Richmond Heights</b>		State <b>OH</b>	Zip Code <b>44143</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Y <b>9</b>	Amount <b>\$42.20</b>
Full Name of Contributor <b>Mildred Ray</b>						Registration Number, if PAC			
Street Address <b>2828 Chapman Ave. #C</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City <b>Avdon Grove</b>		State <b>CA</b>	Zip Code <b>92840</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Y <b>8</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Zeynobia Heard</b>						Registration Number, if PAC			
Street Address <b>10901 S. Marilyn</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck		
City <b>Chicago,</b>		State <b>IL</b>	Zip Code <b>60643</b>		M <b>0</b>	D <b>9</b>	Y <b>0</b>	Y <b>8</b>	Amount <b>\$50.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
OH									
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
OH									
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
OH									
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
OH									
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
OH									

\* 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)]

Page Total **\$142.20**