

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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|--|--------------------|---|---------------|-----------------------------|--|-----------------------------|--|
| Name of Committee in Full CAMPBELL FOR JUDGE | | | | | | | |
| Full Name of Contributor Robert Hague | | | | Registration Number, if PAC | | | |
| Street Address P.O. Box 32162 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) on-line | | |
| City Columbus | State OH | Zip Code 43232 | M 0 | D 9 | Y 1 | Amount \$2,500.00 | |
| Full Name of Contributor Delmarshae Sledge | | | | Registration Number, if PAC | | | |
| Street Address 2209 Grace Street | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) on-line | | |
| City Richmond | State VA | Zip Code 23223 | M 0 | D 9 | Y 1 | Amount \$95.00 | |
| Full Name of Contributor Michele Van Tine | | | | Registration Number, if PAC | | | |
| Street Address 188 E Kelso Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) on-line | | |
| City Columbus | State OH | Zip Code 43202 | M 0 | D 9 | Y 2 | Amount \$50.00 | |
| Full Name of Contributor Tonya Thomas-Williams | | | | Registration Number, if PAC | | | |
| Street Address 92 Cherry Bark Loop | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) on-line | | |
| City Clayton | State NC | Zip Code 27527 | M 0 | D 9 | Y 2 | Amount \$25.00 | |
| Full Name of Contributor Noelle Frieson | | | | Registration Number, if PAC | | | |
| Street Address 3021 Edwin Avenue | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) on-line | | |
| City Hackensack | State NJ | Zip Code 07024 | M 0 | D 9 | Y 2 | Amount \$25.00 | |
| Full Name of Contributor Michele Van Tine | | | | Registration Number, if PAC | | | |
| Street Address 188 E. Kelso Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) on-line | | |
| City Columbus | State OH | Zip Code 43202 | M 0 | D 9 | Y 2 | Amount \$100.00 | |
| Full Name of Contributor Daniel Conner | | | | Registration Number, if PAC | | | |
| Street Address 208 E. Gay Street | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) on-line | | |
| City Columbus | State OH | Zip Code 43215 | M 1 | D 0 | Y 1 | Amount \$25.00 | |
| Full Name of Contributor Michele Van Tine | | | | Registration Number, if PAC | | | |
| Street Address 188 E. Kelso Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) on-line | | |
| City Columbus | State OH | Zip Code 43202 | M 1 | D 0 | Y 1 | Amount \$100.00 | |

* 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 **\$2,920.00**