

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full CAMPBELL FOR JUDGE												
To Whom Paid Maggiano,s Little Italy						M	D	Y	Amount			
						0	8	2	7	1	0	\$65.00
Address 26300 Cedar Rd.				Purpose Food - Pizza								
City Cleveland		State OH		Zip Code 44122		Check Number cash						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State OH		Zip Code		Check Number						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-I" and list the date of the event in the date column.

\$65.00
Page Total \$