

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Families for Campbell						
Full Name of Contributor Anita Bosaw				Registration Number, if PAC		
Street Address 500 Deerwood Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 2 4 1 3	Amount \$10.00
Full Name of Contributor Mike & Lois Carter				Registration Number, if PAC		
Street Address 6451 Silverleaf		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Reynoldsburg	State OH	Zip Code 43068	M 1	D 0	Y 2 4 1 3	Amount \$50.00
Full Name of Contributor Glenn & Stacie Reid				Registration Number, if PAC		
Street Address 201 Rivers Edge Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 2 4 1 3	Amount \$50.00
Full Name of Contributor Anita Bosaw				Registration Number, if PAC		
Street Address 500 Deerwood Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 2 4 1 3	Amount \$10.00
Full Name of Contributor Ann Flaherty				Registration Number, if PAC		
Street Address 546 Springwood Lake Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 2 4 1 3	Amount \$100.00
Full Name of Contributor Lewis Griffin				Registration Number, if PAC		
Street Address 2737 Colts Neck Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Blacklick	State OH	Zip Code 43004	M 1	D 0	Y 2 4 1 3	Amount \$60.00
Full Name of Contributor Daphne Moehring				Registration Number, if PAC		
Street Address 441 LilyPond Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 2 4 1 3	Amount \$50.00
Full Name of Contributor Joseph & Camille Jellick				Registration Number, if PAC		
Street Address 443 Woodside Lake Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 2 4 1 3	Amount \$50.00

* 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 **\$380.00**