

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Families for Campbell</b>						
Full Name of Contributor <b>Ron &amp; Darylene Anderson</b>				Registration Number, if PAC		
Street Address <b>3310 Longstreth Park Place</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Lisa France</b>				Registration Number, if PAC		
Street Address <b>7018 Clark State Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>PayPal</b>		
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Ray &amp; Katherine Kautz</b>				Registration Number, if PAC		
Street Address <b>199 Regents Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>1</b>	Y <b>0</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Ray &amp; Katherine Kautz</b>				Registration Number, if PAC		
Street Address <b>199 Regents Road</b>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	M <b>1</b>	D <b>1</b>	Y <b>1</b>	Amount <b>\$64.00</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
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
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
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

\* 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 **\$189.00**