

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Families for Campbell									
Full Name of Contributor Stacie & Glenn Reid						Registration Number, if PAC			
Street Address 201 Rivers Edge Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 0913		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 0		D 9	
						Y 1613		Amount \$25.00	
Full Name of Contributor Darren & Sally Schehl						Registration Number, if PAC			
Street Address 396 Olympia Fields Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 1613		Amount \$50.00	
Full Name of Contributor Joan Magnacca						Registration Number, if PAC			
Street Address 1297 Bayboro Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal		
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 2013		Amount \$25.00	
Full Name of Contributor Ann Flaherty						Registration Number, if PAC			
Street Address 546 Springwood Lake Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal		
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 2313		Amount \$30.00	
Full Name of Contributor William & Margaret Veith						Registration Number, if PAC			
Street Address R.R. 2 1276 Oakhill Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Blacklick		State OH		Zip Code 43004		M 0		D 9	
						Y 2513		Amount \$25.00	
Full Name of Contributor Mark & Nancy Painter						Registration Number, if PAC			
Street Address P.O. Box 1013			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 9	
						Y 2513		Amount \$50.00	
Full Name of Contributor James & Alicia Holloway						Registration Number, if PAC			
Street Address 962 Bryn Mawr Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 2513		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 **\$355.00**