

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Families for Campbell							
Full Name of Contributor Stacie 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 0	Y 9	Amount \$50.00
Full Name of Contributor Joseph 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 1	Y 6	Amount \$25.00
Full Name of Contributor Darren 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 1	Y 6	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 2	Y 0	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 2	Y 3	Amount \$30.00
Full Name of Contributor William 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 2	Y 5	Amount \$25.00
Full Name of Contributor Mark 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 2	Y 5	Amount \$50.00
Full Name of Contributor James 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 2	Y 5	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**