



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee New Albany For Kids				
Full Name of Contributor Shirley Hamilton			Registration Number, if PAC	
Street Address 8339 Marwithe Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 10/25/2017	Amount 100.00
Full Name of Contributor Sheila Saunders			Registration Number, if PAC	
Street Address 2886 Morality Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY) 10/25/2017	Amount 100.00
Full Name of Contributor Patrick J. Gallaway			Registration Number, if PAC	
Street Address 1042 Highland Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43201	Date (MM/DD/YYYY) 10/25/2017	Amount 100.00
Full Name of Contributor Scott A. Emery			Registration Number, if PAC	
Street Address 1310 Newark Granville Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Granville	State OH	Zip Code 43023	Date (MM/DD/YYYY) 10/25/2017	Amount 100.00
Full Name of Contributor Teresa M. Smith			Registration Number, if PAC	
Street Address 840 Promise Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 10/25/2017	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)]