## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name Committee (CR)							
Name of Committee in Full							
NEW ALBANY FOR KIDS Full Name of Contributor			In .				
			Registr	ation Nun	ider, ii pa	iC .	
NICKOLAS SAVKO& SONS, INC.	Ir. i. io					F (0.1.0)	
Street Address	Employer/Occi	ipation/Labor Organization*				Form (Cash, Check, etc.)	
4636 SHUSTER ROAD						CHECK	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	OH	43214		0 7			
Full Name of Contributor			Registr	ation Num	iber, if PA	C	
TWEENBRANDS SERVICE CORP.							
Street Address	Employer/Occu	mation/Labor Organization*				Form (Cash, Check, etc.)	
8323 WALTON PARKWAY						CHECK	
City	State	Zip Code	М	D	Y	Amount	
NEW ALBANY	OH	43054	11/2	0 7	112	5,000.00	
Full Name of Contributor	1. 2	10001		ation Num			
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Street Address	Employer/Occa	pation/Labor Organization*				Form (Cash, Check, etc.)	
The state of the s	iaproyor.occc	panon Laon Organización				Com (Casa, Check, cic.)	
Ca.	- Ctt-	7!- 6 . 1.	1.4	T 50	1	<b>7</b>	
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor			Registr	ation Nur	iber, if PA	.C	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
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City	State	Zip Code	M	D	Y	Amount	
				1			
Full Name of Contributor		<del>-   </del>	Registr	ation Num	ber, if PA	C	
i					ŕ		
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
	2	-panois sucoi organization				rom (ousi, ones, etc.)	
City	State	Zip Code	1.14	T D	ΙΥ	Amount	
city	State	Zip Code	М		1,	Amount	
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Full Name of Contributor			Registr	ation Num	iber, if PA	.C	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
					1		
Full Name of Contributor			Registr	ation Num	ber, if PA	C	
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Street Address	Employer/Occu	pation/Labor Organization*			-	Form (Cash, Check, etc.)	
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City	State	Zip Code	Тм	D	Ý	Amount	
	State	12p code	1			rinoun	
Full Name of Contributor		l	Dariet	ation Num	hor if DA	C	
ran rane or controllor			Kegistr	ation ivuin	iber, n eA	i.C	
G	F . 6	pation/Labor Organization*				r (0.1 d)	
Street Address	Employer/Occi				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
	1			11			

\* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	7,500.00
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