



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee New Albany For Kids				
Full Name of Contributor Paul K. Hollenbaugh			Registration Number, if PAC	
Street Address 5075 Notting Hill Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 10/20/2017	Amount 50.00
Full Name of Contributor Christopher M. King			Registration Number, if PAC	
Street Address 8446 Leisner Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 10/20/2017	Amount 50.00
Full Name of Contributor Heather A. Garner			Registration Number, if PAC	
Street Address 5927 Upper Brema Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 10/20/2017	Amount 50.00
Full Name of Contributor John D. Daly			Registration Number, if PAC	
Street Address 3781 Pembroke Green West		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 10/20/2017	Amount 50.00
Full Name of Contributor Lisa A. Purvis-Hinson			Registration Number, if PAC	
Street Address 7518 Ogden Woods Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 10/20/2017	Amount 50.00

*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)]