

Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full														
New Albany For Kids														
Full Name of Contributor										Registration Number, if PAC				
The New Albany Company														
Street Address					Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
8000 Walton Parkway Suite 120										check				
City			State	Zip Code		M	D	Y	Amount					
New Albany			O	H		43054		0	3	2	6	0	9	\$1000.00
Full Name of Contributor										Registration Number, if PAC				
Street Address										Form (Cash, Check, etc.)				
Employer/Occupation/Labor Organization*														
City			State	Zip Code		M	D	Y	Amount					
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Street Address										Form (Cash, Check, etc.)				
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*Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees donate 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)