



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee New Albany For Kids				
Full Name of Contributor Joel M. Kahn			Registration Number, if PAC	
Street Address 6871 Wentworth 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 Michael J. Platte			Registration Number, if PAC	
Street Address 4238 Conklin Court		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 Elizabeth F. Daly			Registration Number, if PAC	
Street Address 3961 Farber Court		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 Vida Farwana			Registration Number, if PAC	
Street Address 7566 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
Full Name of Contributor Tonya M. Fisher			Registration Number, if PAC	
Street Address 7780 Cromwell End		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)]