

Statement of Contributions Received

Prescribed by Secretary of State 8/95

| | | | | | | | | | |
|---|--|--------------------|-------------------------------|---|----------------|----------------|--|------------------------|--|
| Name of Committee in Full New Albany For Kids | | | | | | | | | |
| Full Name of Contributor Judith Buechler-Snyder | | | | | | | Registration Number, if PAC | | |
| Street Address 13656 Green Chapel Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Johnstown | | State OH | Zip Code 43031 | | M 10 | D 06 | Y 08 | Amount 15.00 | |
| Full Name of Contributor Julie Abrams | | | | | | | Registration Number, if PAC | | |
| Street Address 6808 Inverness St | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Westerville | | State OH | Zip Code 43082 | | M 10 | D 08 | Y 08 | Amount 10.00 | |
| Full Name of Contributor Donna Davidson | | | | | | | Registration Number, if PAC | | |
| Street Address 5422 Tetlin Field Dr | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City New Albany | | State OH | Zip Code 43054 | | M 10 | D 03 | Y 08 | Amount 10.00 | |
| Full Name of Contributor David Mitchell | | | | | | | Registration Number, if PAC | | |
| Street Address 4150 Sudbrook Sq E | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City New Albany | | State OH | Zip Code 43054 | | M 09 | D 19 | Y 08 | Amount 10.00 | |
| Full Name of Contributor A. N. Langenderfer | | | | | | | Registration Number, if PAC | | |
| Street Address 9625 Zig Zag Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Cincinnati | | State OH | Zip Code 45242-7154 | | M 10 | D 03 | Y 08 | Amount 15.00 | |
| Full Name of Contributor Timothy Mathews | | | | | | | Registration Number, if PAC | | |
| Street Address 627 Herman Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Gahanna | | State OH | Zip Code 43230 | | M 10 | D 06 | Y 08 | Amount 15.00 | |
| Full Name of Contributor Thomas Cross | | | | | | | Registration Number, if PAC | | |
| Street Address 33 Edwards Rd | | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) check | | |
| City Johnstown | | State OH | Zip Code 43031 | | M 09 | D 18 | Y 08 | Amount 10.00 | |

*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)