

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full New Albany for Kids			
Full Name of Contributor April Domine		Employer, Occupation, Labor Organization*	
Street Address 4052 Trade Royal Crossing		Description of Item or Service	
City Columbus,	State OH	Zip Code 43230	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Tracy Hohman		Employer, Occupation, Labor Organization*	
Street Address 7413 Tottenham Pl		Description of Item or Service	
City New Albany	State OH	Zip Code 43054	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Mark Wilson		Employer, Occupation, Labor Organization*	
Street Address 3980 Farber Ct.		Description of Item or Service	
City New Albany	State OH	Zip Code 43054	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Waters Edge Training + Conference Center (Tammy Krings)		Employer, Occupation, Labor Organization*	
Street Address 7775 Walton Prkwy. Suite 100		Description of Item or Service	
City New Albany	State OH	Zip Code 43054	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]