

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full NEW ALBANY FOR KIDS						
Full Name of Contributor MARK C. & SARAH E. RYAN					Registration Number, if PAC	
Street Address 3700 PRESTWOULD CLOSE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State OH	Zip Code 43054	M 0	D 8	Y 3 1 1 2	Amount \$500.00
Full Name of Contributor LAURA E. KOHLER					Registration Number, if PAC	
Street Address 4 PICKETT PLACE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State OH	Zip Code 43054	M 0	D 8	Y 3 1 1 2	Amount \$500.00
Full Name of Contributor RICH & GILLIS LAW GROUP, LLC					Registration Number, if PAC	
Street Address 6400 RIVERSIDE DRIVE, SUITE D		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State OH	Zip Code 43017	M 0	D 9	Y 1 9 1 2	Amount \$1,500.00
Full Name of Contributor WILLIAM & NATALIE MATT					Registration Number, if PAC	
Street Address 3990 MOLLAND		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State OH	Zip Code 43054	M 0	D 9	Y 1 9 1 2	Amount \$500.00
Full Name of Contributor NEW ALBANY COMPANY LLC					Registration Number, if PAC	
Street Address P.O. BOX 490		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State OH	Zip Code 43054	M 0	D 9	Y 2 4 1 2	Amount \$15,000.00
Full Name of Contributor PLAIN LOCAL EDUCATION ASSOCIATION					Registration Number, if PAC	
Street Address 87 NORTH HIGH STREET		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State OH	Zip Code 43054	M 0	D 9	Y 2 8 1 2	Amount \$2,000.00
Full Name of Contributor J. SCOTT & LINDA TAYLOR					Registration Number, if PAC	
Street Address 7203 WATERSTON		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State OH	Zip Code 43054	M 1	D 0	Y 0 4 1 2	Amount \$100.00
Full Name of Contributor BRICKER & ECKLER LLP STATE POLITICAL ACTION COMMITTEE					Registration Number, if PAC #OH821	
Street Address 100 SOUTH THIRD STREET		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State OH	Zip Code 43215	M 1	D 0	Y 0 4 1 2	Amount \$300.00

* 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)]