



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee New Albany For Kids				
Full Name of Contributor John E. Grisdale			Registration Number, if PAC	
Street Address 7135 Fodor Road		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 Eileen E. Pewitt			Registration Number, if PAC	
Street Address 4664 McCurdy 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 Larry L. Fruth			Registration Number, if PAC	
Street Address 7077 Fernridge 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 Bonnie L. Cram			Registration Number, if PAC	
Street Address 3988 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 Tracy Hohman			Registration Number, if PAC	
Street Address 7413 Tottenham Place		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)]