

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full New Albany for Kids							
Full Name of Contributor The New Albany Company						Registration Number, if PAC	
Street Address PO Box 490			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany			State OH	Zip Code 43054	M 09	D 10	Y 14
						Amount 5000.00	
Full Name of Contributor George and Christy Arenshield						Registration Number, if PAC	
Street Address 6911 Harlan Square			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City New Albany			State OH	Zip Code 43054	M 09	D 17	Y 14
						Amount 1000.00	
Full Name of Contributor Sarah and Mark Ryan						Registration Number, if PAC	
Street Address 3700 Prestwoud Close			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany			State OH	Zip Code 43054	M 09	D 18	Y 14
						Amount 500.00	
Full Name of Contributor Rich & Gillis Law Group						Registration Number, if PAC	
Street Address 6400 Riverside Dr, Ste D			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin			State OH	Zip Code 43017	M 10	D 01	Y 14
						Amount 1000.00	
Full Name of Contributor Sarah and Mark Ryan						Registration Number, if PAC	
Street Address 3700 Prestwoud Close			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany			State OH	Zip Code 43054	M 10	D 05	Y 14
						Amount 5000.00	
Full Name of Contributor Bill Resch						Registration Number, if PAC	
Street Address 5610 Morgan Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany			State OH	Zip Code 43054	M 09	D 19	Y 14
						Amount 100.00	
Full Name of Contributor German's Bus Sales & Services, LLC						Registration Number, if PAC	
Street Address 531 Brownsville Rd SE			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Newark			State OH	Zip Code 43055	M 10	D 13	Y 14
						Amount 50.00	
Full Name of Contributor Genesis Building Systems						Registration Number, if PAC	
Street Address 737 Wilson Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus			State OH	Zip Code 43054	M 10	D 11	Y 14
						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)]