

## JON HUSTED Ohio Secretary of State

## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee								
New Albany For Kids								
Full Name of Contributor Registration Number 1					er, if PAC			
C. David Paragas			I					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
41 S. High St. Suite 3300			check					
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount			
Columbus	ОН	43215		10/20/2017	200.00			
Full Name of Contributor Registr				Registration Number	er, if PAC			
Jill Beckett-Hill								
Street Address	Employer	//Occupation/Labor Or	Form (Cash, Check, etc.)					
3560 Head of Pond Road			check					
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount			
New Albany	он	43054		10/20/2017	100.00			
Full Name of Contributor				Registration Number	er, if PAC			
Ruth Bank								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
7834 Jonell Square				check				
City	State	Zip Code	Date (MM/DD/YYYY)		Amount			
New Albany	ОН	43054		10/20/2017	100.00			
Full Name of Contributor			er, if PAC					
Robert G. Chaddock								
Street Address	Employer	r/Occupation/Labor Or	Form (Cash, Check, etc.)					
7904 Hampsted Square E			check					
City	State	Zip Code	Date (MM/Di	D/YYYY)	Amount			
New Albany	ОН	43054		10/20/2017	50.00			
Full Name of Contributor	er, if PAC							
The New Albany Company, LLC								
Street Address	Employer	r/Occupation/Labor On		Form (Cash, Check, etc.)				
PO Box 490			check					
City	State	Zip Code	Date (MM/DD/YYYY)		Amount			
New Albany	ОН	43054	10/25/2017		7500.00			

\*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)]

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