31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
NEW ALBANY FOR KIDS							
Full Name of Contributor						**Registration Number, if PAC**	
MARGARET F. BETTS							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
13 SUNSET HILL							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
GRANVILLE	OH	43023	11	16	12		100.00
Full Name of Contributor						**Registration Number, if PAC**	
KEN A. & NANCY J. JOHNSON							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1747 MINK STREET, SW							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
PATASKALA	OH	43062	11	16	12		10.00
Full Name of Contributor						**Registration Number, if PAC**	
PATRICK AND TRACY SAMANICH							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5676 SUGARWOOD DRIVE							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
NEW ALBANY	OH	43054	11	16	12		10.00
Full Name of Contributor						**Registration Number, if PAC**	
WILLIAM & NATALIE MATT							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3990 MOLLAND							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
NEW ALBANY	OH	43054	11	16	12		10.00
Full Name of Contributor						**Registration Number, if PAC**	
VALARIE BEVELHYMER							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
13750 FRANCHER ROAD							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
WESTERVILLE	OH	43082	11	16	12		20.00
Full Name of Contributor						**Registration Number, if PAC**	
MICHAEL DAVID & JULIE TRUITT ADAMS							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5221 FINCH LANE							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
GALENA	OH	43021	11	16	12		10.00
Full Name of Contributor						**Registration Number, if PAC**	
DIANA M. SMITH							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
5818 ARISTIDES WAY							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
NEW ALBANY	OH	43026	11	16	12		25.00
Full Name of Contributor						**Registration Number, if PAC**	
AMY D. & STEPHEN B. COOK							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7766 NICHOLS LANE							CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
JOHNSTOWN	OH	43031-8141	11	16	12		10.00

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 195.00