

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 Wilson					Registration Number, if PAC		
Street Address 3980 Farber Ct		Employer/Occupation/Labor Organization* Harrison Kent Advisors			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 0	D 9	Y 2	Y 9	Amount 250.00
Full Name of Contributor 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 0	D 9	Y 2	Y 8	Amount 750.00
Full Name of Contributor See Attached Donor List (Payroll Deduction < 100 each)					Registration Number, if PAC		
Street Address 55 North High Street		Employer/Occupation/Labor Organization* New Albany Schools - PLEA			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 0	Y 9	Amount 130.00
Full Name of Contributor See Attached Donor List					Registration Number, if PAC		
Street Address 55 North High Street		Employer/Occupation/Labor Organization* New Albany Schools - PLEA			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 2	Y 3	Amount 54.00
Full Name of Contributor See Attached Donor List					Registration Number, if PAC		
Street Address 55 North High Street		Employer/Occupation/Labor Organization* New Albany Schools - PLEA			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 1	Y 1	Y 0	Amount 54.00
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Y	Amount

* 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)]

1238.00