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Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full				THE RESIDENCE OF STREET	AMERICAN CONTRACT		NEW COLUMN		AND DESCRIPTION OF THE PARTY OF	
New Albany For Kids							domarki nistenia		······································	
Full Name of Contributor Margaret Kirkhope Thompson						Regi	istration	Num	ber, if	'PAC
Street Address		Employ	yer/Occupation/Labor Organization	 1*		-L	Militari managaran	AND DESCRIPTION OF THE PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASS	Sections	Form (Cash, Check, etc.)
120 Struble Circle										check
City	State	1 + +	Zip Code	M	T	D		Y		Amount
Fredericktown Full Name of Contributor	0	H	43019-8062	0	9	0	5	0	8	\$15.00
Pull Name of Contributor David Herman						Regi	istration	ı Numl	ber, if	PAC
Street Address		Employ	/er/Occupation/Labor Organization	- sk		- Bassassas				
5989 Baronscourt Way		Emproy	en/Occupation/Fanor Organization	.*						Form (Cash, Check, etc.) Check
City	St	ate	Zip Code	М	T	D		Y	$\overline{}$	Amount
Dublin	0	H	43016-6084	0	9	0	8	0	8	\$15.00
Full Name of Contributor					åssensense	Regi	stration	Num	denominane d	Commence of the commence of th
Melissa Ray Stall			West and the second sec					~		
Street Address		Employ	er/Occupation/Labor Organization	*						Form (Cash, Check, etc.)
4136 Asbury Ridge Dr									1	check
City	St	ate	Zip Code	М	Γ	T D	1	Y	$\overline{}$	Amount
Gahanna		H	43230	0	9	0	8	0 1	8	\$15.00
Full Name of Contributor				edomento.	Assumental	ed annual contraction	stration	entra en en en	descriptional	Contract backers in the contract of the contra
Emily Ver Hoef						_				
Street Address		Employ	er/Occupation/Labor Organization	*		Succession	All Control of the Control			Form (Cash, Check, etc.)
6724 New Albany Road East		er thriften								check
City	Sta		Zip Code	M		D		Y		Amount
New Albany	0	H	43054	0_	9	0	8		8	\$15.00
Full Name of Contributor Ruth Krabach	***************************************	######################################		Will and the second		Regis	stration	Numl	per, if	PAC
Street Address		Employ	er/Occupation/Labor Organization	*		- Batterie	BISSON MICHAEL			Form (Cash, Check, etc.)
8206 Mt Air Place		Commissional							-	-11-
City	Sta		Zip Code	T	T	T	1-1	77		check
Columbus				M		D		Y	101	Amount \$15.00
	• •	H	43235	0	19	1()	5	0	٠ 🔏 ،	
Full Name of Contributor			[43235	0	9	Regis	de la companya de la	0 Numb	8 ber. if)	PAC
Full Name of Contributor Sarah Shon			43235	0	9		5 stration	CONTRACTOR OF THE PARTY OF THE	COMMENSAGE OF THE PARTY OF THE	PAC
Sarah Shon Street Address			er/Occupation/Labor Organization		9		de la companya de la	CONTRACTOR OF THE PARTY OF THE	COMMENSAGE OF THE PARTY OF THE	PAC Form (Cash, Check, etc.)
Sarah Shon					9		de la companya de la	CONTRACTOR OF THE PARTY OF THE	COMMENSAGE OF THE PARTY OF THE	Form (Cash, Check, etc.)
Sarah Shon Street Address 2031 Brofford Dr		Employe	er/Occupation/Labor Organization	*		Regis	stration	Numb	COMMENSAGE OF THE PARTY OF THE	Form (Cash, Check, etc.) check
Sarah Shon Street Address	Sta	Employe	er/Occupation/Labor Organization	* M		Regis	stration	Numb	ber, if I	Form (Cash, Check, etc.) Check Amount
Sarah Shon Street Address 2031 Brofford Dr City	Sta	Employe	er/Occupation/Labor Organization	* M		Regis D 1	stration	Numb	ber, if I	Form (Cash, Check, etc.) check Amount \$15.00
Sarah Shon Street Address 2031 Brofford Dr City Columbus Full Name of Contributor Lynnette Bissell	Sta	Employe	er/Occupation/Labor Organization	* M		Regis D 1	stration	Numb	ber, if I	Form (Cash, Check, etc.) check Amount \$15.00
Sarah Shon Street Address 2031 Brofford Dr City Columbus Full Name of Contributor Lynnette Bissell Street Address	Sta	Employe ate	er/Occupation/Labor Organization	* 0		Regis D 1	stration	Numb	ber, if I	Form (Cash, Check, etc.) check Amount \$15.00
Sarah Shon Street Address 2031 Brofford Dr City Columbus Full Name of Contributor Lynnette Bissell	Sta	Employe ate	er/Occupation/Labor Organization Zip Code 43235	* 0		Regis D 1	stration	Numb	ber, if I	Form (Cash, Check, etc.) check Amount \$15.00 PAC Form (Cash, Check, etc.)
Sarah Shon Street Address 2031 Brofford Dr City Columbus Full Name of Contributor Lynnette Bissell Street Address	Sta	Employe ate H	er/Occupation/Labor Organization Zip Code 43235	* 0	9	Regis D 1	stration	Numb	ber, if I	Form (Cash, Check, etc.) check Amount \$15.00

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Page Total	<u>\$ 105.00</u>

^{*}Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees donate 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)