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Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full	·				V						
New albany For Klo	ls										
Name of Committee in Full New Albany For KIDS Full Name of Contributor Glivestown, Midnest & Pacific Consulting LLC Street Address 3 Ningh High St Pobox 317 City New Albany State O H Zip Code M D D O 7 V 8 Full Name of Contributor									ber, if	PAC	
3 Novan High St PoBe	Employer/Occupation/Labor Organization*							*********	Form (Cash, Check, etc.)		
Mew albany Full Name of Contributor	State	1 H	Zip Code 43054	М	0	D	1	Y U	8	Amount 100.00	
							Registration Number, if PAC				
Street Address	rer/Occupation/Labor Organization*							Form (Cash, Check, etc.)			
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Street Address		Employer/	Occupation/Labor Organization		I			·	Т	Form (Cash, Check, etc.)	
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^{*}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)