



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee			<del></del>	. <del> </del>	
New Albany For Kids					
Full Name of Contributor Registration Numb					er, if PAC
Michael Busch					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
7696 Somerly Court					check
City	State	Zip Code	Date (MM/D	DWW)	Amount
New Albany	ОН	43054	Date (MINAR)	11/24/2017	435.00
	Ŭ,				
Full Name of Contributor				Registration Number	er, if PAC
Ben Ackley					
Street Address	Employe	Employer/Occupation/Labor Organization* Fo			Form (Cash, Check, etc.)
3823 Reynoldsburg New Albany Road				check	
City	State	Zip Code	Date (MM/D	n	Amount
New Albany	ОН	43054	Date (MIMID	-	50.00
New Albairy	ОН	10004		11/24/2017	30.00
Full Name of Contributor				Registration Number	er, if PAC
David Ferguson					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
7318 S Berkley Sq	1				check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
New Albany	ОН	43054	, , , ,	12/07/2017	50.00
	L	L			
Full Name of Contributor		Registration Numb		er, if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
	ОН		,	ŕ	
		<u> </u>	<u></u>	r	
Full Name of Contributor	Registration Num			er, if PAC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/D	Date (MM/DD/YYYY) Amount	
	ОН		22.2 (20	<b>,</b>	

\*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)]

Page	Total 535.00	