

# Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full <b>New Albany For Kids</b>												
Full Name of Contributor <b>Dynamix Engineering LTD.</b>										Registration Number, if PAC		
Street Address <b>1108 City Park Ave 3<sup>rd</sup> Floor</b>					Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>O</b>		Zip Code <b>43206</b>		M <b>0</b>	D <b>9</b>	D <b>1</b>	Y <b>0</b>	Y <b>0</b>	Y <b>8</b>	Amount <b>\$1,750.00</b>
Full Name of Contributor <b>Joseph Young</b>										Registration Number, if PAC		
Street Address <b>7394 Hampsted Square North</b>					Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) <b>check</b>		
City <b>New Albany</b>		State <b>O</b>		Zip Code <b>43054</b>		M <b>0</b>	D <b>9</b>	D <b>2</b>	Y <b>4</b>	Y <b>0</b>	Y <b>8</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Joseph Holton DBA Holton Piano Service</b>										Registration Number, if PAC		
Street Address <b>4233 Seigman Ave</b>					Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>O</b>		Zip Code <b>43213-2326</b>		M <b>0</b>	D <b>9</b>	D <b>2</b>	Y <b>2</b>	Y <b>0</b>	Y <b>8</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Jeffrey Poulton</b>										Registration Number, if PAC		
Street Address <b>4106 Asbury Ridge Dr</b>					Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>O</b>		Zip Code <b>43230</b>		M <b>0</b>	D <b>9</b>	D <b>2</b>	Y <b>2</b>	Y <b>0</b>	Y <b>8</b>	Amount <b>\$25.00</b>
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	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	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	Y	Y	Amount

\*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)