

Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full New Albany For Kids															
Full Name of Contributor Rex Reeder										Registration Number, if PAC					
Street Address 119 Stone Creek Drive					Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) Check					
City Granville					State O	H	Zip Code 43023		M 0	8	D 2	5	Y 0	8 8	Amount \$100.00
Full Name of Contributor Elect Klein School Board										Registration Number, if PAC					
Street Address 5667 Jersey Drive					Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) check					
City New Albany					State O	H	Zip Code 43054		M 0	8	D 2	1	Y 0	8 8	Amount \$200.00
Full Name of Contributor Jon Stonebraker										Registration Number, if PAC					
Street Address 2181 North State Route 61					Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) check					
City Sunbury					State O	H	Zip Code 43074-9401		M 0	8	D 2	4	Y 0	8 8	Amount \$250.00
Full Name of Contributor Carole D. Bell										Registration Number, if PAC					
Street Address 3030 Waterford Drive					Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) check					
City Lewis Center					State O	H	Zip Code 43035		M 0	8	D 2	8	Y 0	8 8	Amount \$200.00
Full Name of Contributor Diane Goedeking										Registration Number, if PAC					
Street Address 7655 Wilbur Road					Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) check					
City New Albany					State O	H	Zip Code 43054		M 0	9	D 0	4	Y 0	8 8	Amount \$250.00
Full Name of Contributor Kevin Currier										Registration Number, if PAC					
Street Address 4353 Oaks Shadow Drive					Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) check					
City New Albany					State O	H	Zip Code 43054		M 0	9	D 0	3	Y 0	8 8	Amount \$50.00
Full Name of Contributor Alison Miller										Registration Number, if PAC					
Street Address 4432 Cohagen Crossing Drive					Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) check					
City New Albany					State O	H	Zip Code 43054		M 0	9	D 0	3	Y 0	8 8	Amount \$50.00

*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)