

Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full <u>New Albany For Kids</u>									
Full Name of Contributor <u>Michele Kerschner</u>								Registration Number, if PAC	
Street Address <u>2481 Vanatta Rd</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>	
City <u>Centerburg</u>	State <u>OH</u>	Zip Code <u>43011-9444</u>	M <u>0</u>	D <u>9</u>	Y <u>0</u>	8 <u>8</u>	Amount <u>15.00</u>		
Full Name of Contributor <u>Erin Staebler</u>								Registration Number, if PAC	
Street Address <u>7754 Maxtown Rd</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>	
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43082</u>	M <u>0</u>	D <u>9</u>	Y <u>1</u>	2 <u>2</u>	0 <u>8</u>	Amount <u>15.00</u>	
Full Name of Contributor <u>Nancy Wadhams</u>								Registration Number, if PAC	
Street Address <u>5065 Turner Close Dr</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>	
City <u>New Albany</u>	State <u>OH</u>	Zip Code <u>43054</u>	M <u>0</u>	D <u>9</u>	Y <u>1</u>	1 <u>1</u>	0 <u>8</u>	Amount <u>15.00</u>	
Full Name of Contributor <u>Mary Elizabeth Johnston</u>								Registration Number, if PAC	
Street Address <u>6236 Brickside Dr</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>	
City <u>New Albany</u>	State <u>OH</u>	Zip Code <u>43054</u>	M <u>0</u>	D <u>9</u>	Y <u>1</u>	2 <u>2</u>	0 <u>8</u>	Amount <u>15.00</u>	
Full Name of Contributor <u>Malinda Kletrovetz</u>								Registration Number, if PAC	
Street Address <u>4339 Patrick Rd</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>	
City <u>Sunbury</u>	State <u>OH</u>	Zip Code <u>43074</u>	M <u>0</u>	D <u>9</u>	Y <u>1</u>	2 <u>2</u>	0 <u>8</u>	Amount <u>15.00</u>	
Full Name of Contributor <u>Beth Wilke</u>								Registration Number, if PAC	
Street Address <u>730 Hamilton Rd</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>	
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>	M <u>0</u>	D <u>9</u>	Y <u>1</u>	2 <u>2</u>	0 <u>8</u>	Amount <u>15.00</u>	
Full Name of Contributor <u>Jane Poddicord</u>								Registration Number, if PAC	
Street Address <u>4112 Pathfield Dr</u>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <u>check</u>	
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>	M <u>0</u>	D <u>9</u>	Y <u>1</u>	1 <u>1</u>	0 <u>8</u>	Amount <u>15.00</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)