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## **Statement of Contributions Received**

Prescribed by Secretary of State 8/95

Name of Committee in Full			To treatment and the same	od by becietary of State 8/95		antierie Selvan			to the same of	and the second second	
New Albany For Kids Full Name of Contributor											
.Lori Cheney			oggional and service and servi				Regi	stràtion	Nun	nber, i	fPAC
Street Address			E	mployer/Occupation/Labor Organ	ization*				Olestenions		
205 Bristol Dr SW										Form (Cash, Check, et Check	
Reynoldsburg		State O	H	Zip Code 43068-9653	M		D		Y	T	Amount
Full Name of Contributor  Carey Kidwell				42000-2023	0	9	l Paris	L	0	8	\$15.0
Street Address	***************************************						Kegis	tration l	Num	iber, ii	PAC
231 Rivers Edge Way			En	nployer/Occupation/Labor Organi	ization*						Form (Cash, Check, et
City		T	State	Zip Code		ı—	<del></del>			<del></del>	check
Gahanna Full Name of Contributor		0	H	43230	o <sup>M</sup>	9	I D	1 6	Y )	8	Amount
Philip Koppel							Market Market Market	ration N	-	\$	\$15.0 PAC
Street Address			Em	ployar(Occuration final occuration					i de Ministera	KOMMUNITO OTA	1002 Transport
118 Academy Woods Dr				Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.
City			State	Zip Code			<del></del>	-			check
Gahanna	250000	0	H	43230	0 M	9	0 D	9 0	Y	<u></u>	Amount
Full Name of Contributor  Mary Lefever					IV.	ete wasse	alansenamenta	9 0 ration N	š	8	\$15.0
Street Address			-1-			~~~~			WIII.	, ii i	FAC
557 White Tail Dr			Em	ployer/Occupation/Labor Organiz	ration*		0.000				Form (Cash, Check, etc
City		***************************************									check
Gahanna		O	State H	Zip Code 43230	М 0	9	D	-	Y		Amount
ull Name of Contributor Pamela Hampton				1.0230	10	9	MANAGEMENT OF THE PARTY OF THE	5 0 ation No	menenaño.	8	\$15.00
treet Address			<del></del>				Kegisu	auon M	umb	er, if l	AC
7126 Bevelhymer Rd		Emp	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
lity											check
Jew Albany	in the second	o s	tate H	Zip Code 43054	M		D	ŧ	Y		Amount
all Name of Contributor			122	143034	0 9	uzonemik	1 1	0		8	\$15.00
ebecca Robertson							Registra	mon Ma	ımbe	r, ii P	AC
143 Heath Gate Dr			Emp	oyer/Occupation/Labor Organiza	tion*	1			ET ÉSTAPOSON.		Form (Cash, Check, etc.)
ty											check
lew Albany		o s	tate H	Zip Code	М	T	D		Υ		Amount
ll Name of Contributor E Piper			ļ II	43054	0   9	SCHOOLSON IN	1 2 Registra		mbe		\$15.00
reet Address		·····	1,, ,							*, ** 1.1	
71 Russett Ct			Empl	oyer/Occupation/Labor Organizat	tion*	440					Form (Cash, Check, etc.)
y		<del></del>	<u> </u>			***************************************	-				check
	10	) St	ate H	Zip Code 43082	М	T	D		7	Ā	mount
equired for contributions over \$100 to state it.				177004	0 9		0 7	0	8		\$15.00

And the special property of th	
Page Total	<u>\$ 105.00</u>

<sup>\*</sup>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)