Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
	Cabaala						
Phil Derrow for New Albany Schools			Danisten	Registration Number, if PAC			
Full Name of Contributor			Registra	TOU THAN	DC1, H 1 2	.~	
Phil Derrow						Form (Cash, Check, etc.)	
Street Address	Employer/Occu	pation/Labor Organization*					
7 Hawksmoor						Check_	
City	State	Zip Code	М	D	Y	Amount	
New Albany	OH	43054	1 0			3,100.00	
Full Name of Contributor			Registra	tion Num	ber, if P	AC	
Phil Derrow							
Street Address	Employer/Occi	ipation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
7 Hawksmoor	į					Check	
City	State	Zip Code	М	D	Y	Amount	
New Albany	OHI	43054	1111	2 4	15	3,786.00	
Full Name of Contributor			Registra		ber, if P		
Total Marie of Committee							
Street Address	ddress Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
Ducci Addiess		improyer everyance eases organization					
0	State	Zip Code	М	D	Y	Amount	
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			Dagiotra	tion Moon	ber, if Pa	AC	
Full Name of Contributor			кедіяна	tion is min	ibei, u i z	AC .	
						Town (Cash Charle etc.)	
Street Address Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
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City	State	Zip Code	М	D	Y	Amount	
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Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
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Full Name of Contributor			Registra	tion Nun	nber if P.	AC	
Street Address	Employer/Occ				Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	Y	Amount	
City			1 1		1 1		
E BN CO . T .			Registra	tion Num	nber, if P.	AC	
Full Name of Contributor			The grown				
	F 1 /O					Form (Cash, Check, etc.)	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				, om (odsi, once, oo.)	
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City	State	Zip Code	M	D	1	Amount	
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Full Name of Contributor			Registra	ation Nur	nber, if P	AC	
						F (0 1 6)	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	to stateuride and general assembly co	C 1 . 7C . 1	1	contraction	on and the	e name of the	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 6,886.00