Revised

Statement of Contributions Received

Page ____

Prescribed by Secretary of State 03/05

	 			
Name of Committee in Full New Albany For Kids				
Full Name of Contributor The New Albany Company			Registration Number, if PA	C
Street Address 8000 Walton Pkwy Ste#120 Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check
City New Albany	State	Zip Code 43054	091014	Amount 5000.00
Full Name of Contributor Christy Aren Shield Registration Number, if PAC				
Street Address 6911 Harlan Square		on/Labor Organization		Form (Cash, Check, etc.)
New Albany	State O H	Zip Code 43054	691714	Amount
Full Name of Contributor Registration Number, if P. Registration Number, if P.			c	
Street Address 3700 Prestwould Close	Employer/Occupati	on/Labor Organization ,		Form (Cash, Check, etc.) Check
city New Albany	State H	zip Code 43054	69 1814	Amount 500.00
Full Name of Contributor Jeffrey Rich of Rich & Gillis Law Grp Registration Number, if PAC				
Street Address 6400 Riverside Dr Ste D	Employer/Occupati	ion/Labor Organization		Form (Cash, Check, etc.)
Dublin	State	Zip Code 43017	100114	500.00
Full Name of Contributor Mark Gillis of Rich & Gillis Law GP Registration Number, if PAC				
Street Address 6400 Riverside Dr SteD		ion/Labor Organization		Form (Cash, Check, etc.)
City Dublin	State	Zip Code 43017	Modelia	Amount 500.00
Full Name of Contributor Registration Number, if P. NAYK RYAY				AC
Street Address 3700 Prestwould Close	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.) Check
city New Albany	State	Zip Code 43054	1100514	Amount 5000 · 00
Full Name of Contributor Registration Number, if PA Registration Number, if PA				AC
Street Address 5610 Morgan Rd	Employer/Occupat	ion/Labor Organization		Form (Cash, Check, etc.) Check
city New Albany	State	Zip Code 43054	19 19 NY	Amount OO
Full Name of Contributor German's Bus Sales & Services (Timothy German)				
Street Address 531 Brownsville Rd SE Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check
city Newark	State	Zip Code 43 055	MOBILITY	Amount 50.00

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