

# Statement of Contributions Received

Prescribed by Secretary of State 8/95

|                                                         |  |                    |  |                                         |  |                |  |                                          |  |                                          |  |
|---------------------------------------------------------|--|--------------------|--|-----------------------------------------|--|----------------|--|------------------------------------------|--|------------------------------------------|--|
| Name of Committee in Full<br><b>New Albany For Kids</b> |  |                    |  |                                         |  |                |  |                                          |  | Registration Number, if PAC              |  |
| Full Name of Contributor<br><b>Jennifer Semon</b>       |  |                    |  |                                         |  |                |  |                                          |  | Form (Cash, Check, etc.)<br><b>check</b> |  |
| Street Address<br><b>371 Frankfort Sq</b>               |  |                    |  | Employer/Occupation/Labor Organization* |  |                |  | Amount<br><b>15.00</b>                   |  |                                          |  |
| City<br><b>Columbus</b>                                 |  | State<br><b>OH</b> |  | Zip Code<br><b>43024</b>                |  | M<br><b>09</b> |  | D<br><b>12</b>                           |  | Y<br><b>08</b>                           |  |
| Full Name of Contributor<br><b>Julie Rukin</b>          |  |                    |  |                                         |  |                |  |                                          |  | Registration Number, if PAC              |  |
| Street Address<br><b>435 Havendale Dr</b>               |  |                    |  | Employer/Occupation/Labor Organization* |  |                |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                                          |  |
| City<br><b>Westerville</b>                              |  | State<br><b>OH</b> |  | Zip Code<br><b>43082</b>                |  | M<br><b>09</b> |  | D<br><b>12</b>                           |  | Y<br><b>08</b>                           |  |
| Full Name of Contributor<br><b>Tiffany Montes</b>       |  |                    |  |                                         |  |                |  |                                          |  | Registration Number, if PAC              |  |
| Street Address<br><b>1021 Taylor Glen Blvd E</b>        |  |                    |  | Employer/Occupation/Labor Organization* |  |                |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                                          |  |
| City<br><b>Pataskala</b>                                |  | State<br><b>OH</b> |  | Zip Code<br><b>43062</b>                |  | M<br><b>09</b> |  | D<br><b>11</b>                           |  | Y<br><b>08</b>                           |  |
| Full Name of Contributor<br><b>Mary Jane Sammons</b>    |  |                    |  |                                         |  |                |  |                                          |  | Registration Number, if PAC              |  |
| Street Address<br><b>7885 Narrow Leaf Dr</b>            |  |                    |  | Employer/Occupation/Labor Organization* |  |                |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                                          |  |
| City<br><b>Blacklick</b>                                |  | State<br><b>OH</b> |  | Zip Code<br><b>43004</b>                |  | M<br><b>09</b> |  | D<br><b>09</b>                           |  | Y<br><b>08</b>                           |  |
| Full Name of Contributor<br><b>Maggie Niewierski</b>    |  |                    |  |                                         |  |                |  |                                          |  | Registration Number, if PAC              |  |
| Street Address<br><b>2019 Dennison Pl</b>               |  |                    |  | Employer/Occupation/Labor Organization* |  |                |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                                          |  |
| City<br><b>Canton</b>                                   |  | State<br><b>OH</b> |  | Zip Code<br><b>44709</b>                |  | M<br><b>09</b> |  | D<br><b>12</b>                           |  | Y<br><b>08</b>                           |  |
| Full Name of Contributor<br><b>Stacy Wing</b>           |  |                    |  |                                         |  |                |  |                                          |  | Registration Number, if PAC              |  |
| Street Address<br><b>4911 Alston Grove Dr</b>           |  |                    |  | Employer/Occupation/Labor Organization* |  |                |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                                          |  |
| City<br><b>Westerville</b>                              |  | State<br><b>OH</b> |  | Zip Code<br><b>43082</b>                |  | M<br><b>09</b> |  | D<br><b>12</b>                           |  | Y<br><b>08</b>                           |  |
| Full Name of Contributor<br><b>Rebecca Wanless</b>      |  |                    |  |                                         |  |                |  |                                          |  | Registration Number, if PAC              |  |
| Street Address<br><b>667 Kensington Dr</b>              |  |                    |  | Employer/Occupation/Labor Organization* |  |                |  | Form (Cash, Check, etc.)<br><b>check</b> |  |                                          |  |
| City<br><b>Gahanna</b>                                  |  | State<br><b>OH</b> |  | Zip Code<br><b>43230</b>                |  | M<br><b>09</b> |  | D<br><b>12</b>                           |  | Y<br><b>08</b>                           |  |

\*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)

Page Total \$ **105.00**