Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
New Albany For Kids

Full Name of Contributor		Registration Number, if PAC
Donna H. Lebeau		

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
4764 Glencross Ct.		check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Grove City	OH	43123	10/25/2017	100.00

Full Name of Contributor		Registration Number, if PAC
Katherine R. Nowak		

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
4160 Boomansroot Court		check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Hilliard	OH	43026	10/25/2017	50.00

Full Name of Contributor		Registration Number, if PAC
Kate M. Thoma		

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
6245 Miller Church Road		check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Johnstown	OH	43031	10/25/2017	50.00

Full Name of Contributor		Registration Number, if PAC
Sara E. Peterson		

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
6059 Blue Hen Place		check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Westerville	OH	43081	10/25/2017	50.00

Full Name of Contributor		Registration Number, if PAC
Jessica Marnais		

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
5458 Haverhill Dr.		check

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Dublin	OH	43017	10/25/2017	40.00

*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)]

Page Total 290.00