

Statement of Contributions Received

Prescribed by Secretary of State 8/95

Name of Committee in Full New Albany For Kids											
Full Name of Contributor EMH&T.								Registration Number, if PAC			
Street Address 5500 New Albany Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus		State O		Zip Code 43054-8870		M 0		D 9		Y 1 1 0 8	
Amount \$500.00											
Full Name of Contributor The Edge Group								Registration Number, if PAC			
Street Address 1400 Goodale Blvd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus		State O		Zip Code 43212		M 0		D 9		Y 1 2 0 8	
Amount \$450.00											
Full Name of Contributor TMP Associates								Registration Number, if PAC			
Street Address 1191 W Square Lake Rd Box 289				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Bloomfield Hills		State M		Zip Code 48303		M 0		D 9		Y 1 1 0 8	
Amount \$5,000.00											
Full Name of Contributor Shelley, Metz, Baumann, Hawk								Registration Number, if PAC			
Street Address 1166 Dublin Road Suite 200				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus		State O		Zip Code 43125		M 0		D 9		Y 1 0 0 8	
Amount \$550.00											
Full Name of Contributor CASTO Management Services Inc								Registration Number, if PAC			
Street Address 191 W Nationwide Blvd Suite 200				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus		State O		Zip Code 43215-2586		M 0		D 9		Y 1 7 0 8	
Amount \$5,000.00											
Full Name of Contributor Rich, Crites & Dittmer LLC								Registration Number, if PAC			
Street Address 300 East Broad Street Suite 300				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus		State O		Zip Code 43215-3452		M 0		D 9		Y 1 8 0 8	
Amount \$500.00											
Full Name of Contributor								Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State		Zip Code		M		D		Y	
Amount											

*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 \$12,000.00