Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full NEW ALBANY FOR KIDS						
Full Name of Contributor BOB EVANS FARMS INC.			Registrat	tion Nur	iber, if P/	AC
Street Address 3776 SOUTH HIGH STREET	Employer/Occupat	tion/Labor Organization		•		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43207	м 1 2	1 O	1 2	Amount \$2,500.00
Full Name of Contributor THE NEW ALBANY COMPANY LLC Registration Number, if PAC						
Street Address P.O. BOX 490	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State OH	Zip Code 43054	1 2	1 D	1 2	Amount \$15,000.00
Full Name of Contributor Registration Number, if P EMH&T					iber, if PA	AC .
Street Address 5500 NEW ALBANY ROAD	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43054	1 2	1 0	1 2	Amount \$5,000.00
Full Name of Contributor M/I HOMES, INC.	Registration Number, if PA					AC .
Street Address 3 EASTON OVAL, SUITE 420	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) CHECK
City COLULMBUS	State OH	Zip Code 43219	1 2	D _i 1 0	1 2	Amount \$5,000.00
Full Name of Contributor MELINDA WHITEHEAD-MORAN Registration Number, if PAC						
Street Address 62 S. 36TH STREET	Employer/Occupat TEACHER	tion/Labor Organization*				Form (Cash, Check, etc.) CASH
City NEWARK	State OH	Zip Code 43055	1 2	1 9	1 2	Amount \$10.00
Full Name of Contributor JON T. & JOYCE K. STONEBRAKER Registration Number, if PAC						
Street Address 2181 NORTH STATE ROUTE 61	Employer/Occupation/Labor Organization TEACHER/STANTON'S SHEET MUSIC					Form (Cash, Check, etc.) CHECK
City NEW ALBANY	State OH	Zip Code 43074	1 2	1 9	1 2	Amount \$200.00
Full Name of Contributor MARTYN R. REDGRAVE TRUST Registration Number, if P						
Street Address 7416 LAMBTON GREEN N	Employer/Occupation/Labor Organization* TRUST				Form (Cash, Check, etc.) CHECK	
City NEW ALBANY	State OH	Zip Code 43054	M 1 2	D 2 4	1 2	Amount \$5,000.00
Full Name of Contributor Registration Number, if Pa						AC
Street Address	Employer/Occupat	tion/Labor Organization	-			Form (Cash, Check, etc.)
City	State OH	Zip Code	М	D	Y	Amount

Page Total \$32,710.00

^{*} 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)]