

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>NEW ALBANY FOR KIDS</b>							
Full Name of Contributor <b>NATIONWIDE MUTUAL INSURANCE COMPANY</b>					Registration Number, if PAC		
Street Address <b>ONE NATIONWIDE PLAZA</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215-2220</b>	M <b>1</b>	D <b>1</b>	Y <b>5</b>	Amount <b>5,000.00</b>	
Full Name of Contributor <b>SCOTT, SCRIVEN &amp; WAHOFF, LLP</b>					Registration Number, if PAC		
Street Address <b>50 WEST BROAD STREET, SUITE 2500</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>1</b>	Y <b>5</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>HUNTINGTON NATIONAL BANK</b>					Registration Number, if PAC		
Street Address <b>P.O. BOX 1558 (HP 1050)</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43219</b>	M <b>1</b>	D <b>1</b>	Y <b>6</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>DOUGLAS L. &amp; ROBIN D. SHOEMAKER</b>					Registration Number, if PAC		
Street Address <b>5566 ULRY ROAD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>WESTERVILLE</b>	State <b>OH</b>	Zip Code <b>43081-9381</b>	M <b>1</b>	D <b>1</b>	Y <b>6</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>JACQUELINE J. &amp; MICHAEL S. LOUGHRY</b>					Registration Number, if PAC		
Street Address <b>2952 GLEN ECHO DRIVE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43202</b>	M <b>1</b>	D <b>1</b>	Y <b>6</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>D. BANTON EDMONDS</b>					Registration Number, if PAC		
Street Address <b>P.O. BOX 43</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>GAMBIER</b>	State <b>OH</b>	Zip Code <b>43022</b>	M <b>1</b>	D <b>1</b>	Y <b>6</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>PHYLLIS A. &amp; DAN MASON</b>					Registration Number, if PAC		
Street Address <b>5692 CANEHILL LANE</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>HILLIARD</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>1</b>	D <b>1</b>	Y <b>6</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>LORIN KAY SOMERLOT</b>					Registration Number, if PAC		
Street Address <b>5987 OSWALD STREET</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>WESTERVILLE</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <b>1</b>	D <b>1</b>	Y <b>6</b>	Amount <b>10.00</b>	

\* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 6,070.00