Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in the Committee in th						· 1	
Name of Committee in Full							
Committee to Elect Michael J. King			In the second				
Full Name of Contributor		Registration Number, if PAC					
Wayne A. Jenkins				,			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
318 Whetstone Dr. W					_Check		
City	State	Zip Code	M D	Y	Amount	[
Powell	OH	43065		0 7		50.00	
Full Name of Contributor			Registration Numb	er, if PA	C		
Adam R. Todd							
Street Address	Employer/Occup	vation/Labor Organization*	i		Form (Cash, Chec	k, etc.)	
12809 Oldham Ave. NW					Check		
City	State	Zip Code	M D	Y	Amount		
Pickerington	O H	43147	0 4 1 7	0 7		25.00	
Full Name of Contributor			Registration Numb	er, if PA	.c		
Jeffrey Willis							
Street Address	Employer/Occup		Form (Cash, Check, etc.)		k, etc.)		
2020 Harwitch Road					Cash		
City	State	Zip Code	M D	Y	Amount		
Columbus	OH	43221	0 4 1 8	017		25.00	
Full Name of Contributor	<u> </u>		Registration Numb	er, if PA	c		
Kelly L. Kauffman							
Street Address	Employer/Occur	nation/Labor Organization*	· <u>·</u>		Form (Cash, Chec	k, etc.)	
5224 Windsock Ct.					Check		
City	State	Zip Code	M D	Y	Amount		
Hilliard	OIH	43026	014 214	017		40.00	
Full Name of Contributor	1.0		Registration Numb		.C	-	
Gregory P. Mathews							
Street Address	Employer/Occur	oation/Labor Organization*			Form (Cash, Chec	k, etc.)	
364 Blenheim Road	' '	· ·			Check		
City	State	Zip Code	M D	Y	Amount		
· Columbus	OIH	43214	0 4 2 4	017		35.00	
Full Name of Contributor	101	10211	Registration Numb		C		
Marilena Rinaldi Walters							
Street Address	Employer/Occur	pation/Labor Organization*	<u></u>		Form (Cash, Chec	k, etc.)	
4410 Dublin Road					Check	·	
City	State	Zip Code	М В	Y	Amount		
Columbus	ОН	43221	0 4 2 4	017		150.00	
Full Name of Contributor	0 1	10221	Registration Numb	er, if PA		100.00	
Lisa L. Sadler							
Street Address	IEmployer/Occur	pation/Labor Organization*	<u>.</u>		Form (Cash, Chec	k. etc.)	
	Employen Occupation Labor Organization				Check		
675 Parkedge Dr.	State	Zip Code	MD	Y	Amount		
City Gahanna	OH	43230		017		50.00	
	1 0 1 22	1 40200	Registration Numb		C.	00.00	
I ill Malie di Condiduci							
Contributions from form No. 31-E	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer/Occup	Sanota Lavor Organization	i oim (Casa, Cucca, Cic.)				
	State	Zip Code	M D	Y	Amount		
City) June	Zap Cook		017		560.00	
<u> </u>	<u> </u>	dideter. If contributor is self em	0424	• • •	L	500.00	

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

Page Total \$ 935.00