Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							<u></u>	
Committee to Elect Michael J. King			_	Ta :				_
Full Name of Contributor				1 -	ion Nun	ber, if PA	·C	
Dinsmore & Shohl LLP PAC				868				
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
1900 Chemed Center							Check	
City	Sta	te	Zip Code	М	D	Y	Amount	
Cincinnati	0	Н	45202	013	1 4	0 7		300.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C	
Rick A. Lavinsky								
Street Address	Employer/Occupation/Labor Organization* For					Form (Cash, Che	ck, etc.)	
Route 1, Box 557							Check	
City	Sta	ie	Zip Code	M	D	Y	Amount	
Sugar Grove	01	Η	43155	013	2 6	017		100.00
Full Name of Contributor						ber, if PA	C	
John D. Jolley			. •					
Street Address	Employer	/Оссира	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
143 Sarwil Drive		-					Check	
City	Sta	te	Zip Code	М	D	Y	Amount	
Canal Winchester	loi	Н	43110	013	218	017		50.00
Full Name of Contributor						ber, if PA	C	
Gregory A. Harrison								
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
	Links	. о о о о о о					Check	,
7857 Stoneleigh Lane	Sta	1=	Zip Code	М	D	Y	Amount	
l * _	ດ ເ	H	45255	0 3	2 8		2	50.00
Cincinnati			45255					50.00
Full Name of Contributor Registration Number, if PAC								
William M. Mattes	Employe	/Oamar	ation/Labor Organization*	<u> </u>		_	Form (Cash, Che	ck etc.)
Street Address	Lispioye	/Occupa	adom baboi Organization				Check	en, cro.,
67 Indian Springs Drive	Sta	•	Zip Code	М	D	Y	Amount	_
City		H	43214	013	3 0		лшошк	100.00
Columbus	0	11	43214				<u> </u>	100.00
Full Name of Contributor Registration Number, if PAC								
Michael J. King	le	10	-i a-b Oiii	<u> </u>			Form (Cash, Che	ol: etc.)
Street Address	Employer/Occupation/Labor Organization*				ar, etc.y			
795 Overlook Dr.			Iz. o. i.	T 14	Đ	Y	Check	
City	Sta		Zip Code	M		0 7		100.00
Columbus	0	11	43214					100.00
Full Name of Contributor				Kegistra	iion Num	ber, if PA	ic .	
Rick E. Schumacher, Jr.			 				- 619	J
Street Address	Employer	/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
2649 Clarion Ct			Tex	1		1	Check	
City	Sta		Zip Code	M .	D	Y	Amount	ar 00
Upper Arlington	0	H	43220	0 4	111	0 7	<u></u>	35.00
Full Name of Contributor Registration Number, if PAC								
Robert Lazarus, Jr.								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
175 South Third Street, Tenth Floor							Check_	
City	Sta		Zip Code	M	D	Υ	Amount	F0.00
Columbus	0	H	43215	0 4	113	017	<u> </u>	50.00

* 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 \$	785.00