

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael J. King									
Full Name of Contributor Dinsmore & Shohl LLP PAC						Registration Number, if PAC 868			
Street Address 1900 Chemed Center			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cincinnati		State O H	Zip Code 45202		M 0 3	D 1 4	Y 0 7	Amount 300.00	
Full Name of Contributor Rick A. Lavinsky						Registration Number, if PAC			
Street Address Route 1, Box 557			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Sugar Grove		State O H	Zip Code 43155		M 0 3	D 2 6	Y 0 7	Amount 100.00	
Full Name of Contributor John D. Jolley						Registration Number, if PAC			
Street Address 143 Sarwil Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Canal Winchester		State O H	Zip Code 43110		M 0 3	D 2 8	Y 0 7	Amount 50.00	
Full Name of Contributor Gregory A. Harrison						Registration Number, if PAC			
Street Address 7857 Stoneleigh Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cincinnati		State O H	Zip Code 45255		M 0 3	D 2 8	Y 0 7	Amount 50.00	
Full Name of Contributor William M. Mattes						Registration Number, if PAC			
Street Address 67 Indian Springs Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43214		M 0 3	D 3 0	Y 0 7	Amount 100.00	
Full Name of Contributor Michael J. King						Registration Number, if PAC			
Street Address 795 Overlook Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43214		M 0 3	D 3 0	Y 0 7	Amount 100.00	
Full Name of Contributor Rick E. Schumacher, Jr.						Registration Number, if PAC			
Street Address 2649 Clarion Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington		State O H	Zip Code 43220		M 0 4	D 1 1	Y 0 7	Amount 35.00	
Full Name of Contributor Robert Lazarus, Jr.						Registration Number, if PAC			
Street Address 175 South Third Street, Tenth Floor			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H	Zip Code 43215		M 0 4	D 1 3	Y 0 7	Amount 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)]