

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-Elect King Trustee									
Full Name of Contributor Susan K. Woerner, Trustee							Registration Number, if PAC		
Street Address PO Box 3334				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State OH		Zip Code 43016		M 0		D 9	
						Y 1		Amount \$200.00	
Full Name of Contributor Ida L. Copenhagen							Registration Number, if PAC		
Street Address 2448 Edington Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M 0		D 9	
						Y 2		Amount \$40.00	
Full Name of Contributor George J. Arnold							Registration Number, if PAC		
Street Address 3020 Dale Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0		D 9	
						Y 2		Amount \$50.00	
Full Name of Contributor Committee for Jim Hughes							Registration Number, if PAC		
Street Address 52 E. Gay Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 9	
						Y 3		Amount \$75.00	
Full Name of Contributor Barbara K. Fergus							Registration Number, if PAC		
Street Address 5586 Dundon Court				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State OH		Zip Code 43017		M 1		D 0	
						Y 0		Amount \$500.00	
Full Name of Contributor Deborah L. Eschenbacher							Registration Number, if PAC		
Street Address 2259 Dorset Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M 0		D 8	
						Y 1		Amount \$50.00	
Full Name of Contributor Alec O'Connell							Registration Number, if PAC		
Street Address 554 N 3 BS and K Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Sunbury		State OH		Zip Code 43074		M 1		D 0	
						Y 1		Amount \$100.00	
Full Name of Contributor Mabel Freeman							Registration Number, if PAC		
Street Address 65 Meadow Park				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Bexley		State OH		Zip Code 43209		M 0		D 9	
						Y 2		Amount \$100.00	

* 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)]

Page Total **\$1,115.00**