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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		<del>.</del>						
Committee to Elect Michael J. King								
Full Name of Contributor	Employer Occur	nation I abor Organization *	Denietm	tion Num	her if D	AC		
Kirk Wall	Employer, Occupation, Labor Organization • Dinsmore & Shohl LLP			Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
175 S. Third Street, Tenth Floor	postage		1111	012			8.38	
City	State Zip Code			Received at Fundraising Event?				
Columbus	O IH	43215		YES		√N0		
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC				
William Mattes	Dinsmore & Shohl LLP							
Street Address	Description of Item or Service			D	Y	Fair Market Value		
175 S. Third Street, Tenth Floor	postage			012	017		8.37	
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
Columbus	OH	43215		YES		√ №О		
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registra	tion Num	ber, if Pa	AC		
Rick Lavinsky	Dinsm	ore & Shohl LLP						
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Value		
175 S. Third Street, Tenth Floor		postage	1 1	012	017	1	8.37	
City	State	Zip Code	Receive	d at Fund	raising E			
Columbus	$O \mid H$	43215		YES		√N0		
Full Name of Contributor		nation, Labor Organization *	Registra	tion Num	ber, if Pa	AC		
Marilena Walters		ore & Shohl LLP						
Street Address	Description of Ite	m or Service	M	Ð	Y	Fair Market Value		
175 S. Third Street, Tenth Floor	J	postage	111				8.37	
City	State	Zip Code	Received	d at Fund	raising E			
Columbus	$O \mid H$	43215	<u> </u>	YES		√N0		
Full Name of Contributor	Employer, Occupation, Labor Organization * Registration Number, if PAC							
Street Address	Description of Item or Service		М	D	ΙΥ	Fair Market Value		
Succe Address	Description of his	in or service	"	Ιĭ	Ιì	THE PROPERTY AND		
City	State	Zip Code	Receives	d at Fund	raising E	vent?		
	1			YES		Пио		
Full Name of Contributor	Employer, Occur	oation, Labor Organization *		tion Num	ber, if P			
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
			1 1	i				
City	State	Zip Code	Receive	d at Fund	raising E	vent?		
	1			YES		□ио		
Full Name of Contributor	Employer, Occur	oation, Labor Organization *	Registra	tion Num	ber, if Pa	AC		
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Value		
				$ldsymbol{L}$				
City	State	Zip Code	Receive	d at Fund	raising E			
			<u>                                     </u>	YES		<u></u> ои		
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
			+	-		Terrary		
Street Address	Description of Item or Service		M	Ð	Y	Fair Market Value		
	ļ	les a '	4. 4.		<u> </u>		-	
City	State	Zip Code		d at Fund	raising E			
1	I	I		YES		ои		

Page Total \$	33.49

<sup>•</sup> 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)]