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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

N		<u> </u>					
Name of Committee in Full Committee to Fleet Michael I Vine							
Committee to Elect Michael J. King	Te : .						
Full Name of Contributor	Employer, Occupation, Labor Organization			Registration Number, if PAC			
Marilena Walters	Dinsmore & Shohl LLP						
Street Address	Description of Item or Service			D	Y	Fair Market Value	
175 S. Third Street, Tenth Floor	postage			110 117 017 28.31			
City	State	Zip Code	Received at Fundraising Event?				
Columbus	$ \cap H$	43215	1 \square	YES		√оо Г	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC				
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value	•
				1			1
City	State	Zip Code	Receive	d at Func	traising E	vent?	
	1 1			YES	-	□NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC				
		•					
Street Address	Description of I	tem or Service	М	D	Y	Fair Market Value	
	,		1 1	1			
City	State	Zip Code	Receive	d at Fund	raising E	L vent?	
,	1		_	YES		NO	
Full Name of Contributor	Employer Occu	pation, Labor Organization *			her if D		
Tur ivalie or Conditionor	Linpioyer, Occu	Registration Number, if PAC					
Street Address	Description of h	+	-	1 0	Inches Augus		
Sireet Address	Description of Item or Service		M	D I	Y	Fair Market Value	
0'		In a t		1 !	<u> </u>	<u> </u>	
City	State	Zip Code	Receive	1	raising E	$\overline{}$	
	<u> </u>	.1	 	YES		ОИ	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Nurr	ber, if P	AC	
	1		<u> </u>		,	.,	
Street Address	Description of It	tem or Service	M,	D	Y	Fair Market Value	
				<u> </u>	j		
City	State	Zip Code	Receive	i	raising E	vent?	
				YES		∐ио	
Full Name of Contributor	Employer, Occu	Registration Number, if PAC					
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
	1						
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
			1 [YES		∐ NO ´	
Full Name of Contributor	Employer, Occu	pation, Labor Organization •	Registra	tion Num	ber, if P	AC .	
Street Address	Description of Item or Service			D	Y	Fair Market Value	
			1 1	1	1 1		
City	State	Zip Code	Receive		raising E	vent?	
2.0	1			YES		No	
Full Name of Contributor	Employer, Occu	Registration Number, if PAC					
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Street Address	Description of Item or Service		М	Ð	Y	Fair Market Value	
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ris.	<u> </u>	IZi- Code	Dani	d at Ever	raising E	<u></u>	
City	State	Zip Code	. —	•	កមាខារាតិ F		j
<u> </u>	1 !	.1		YES		∐ио	

^{*} 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)]