

## In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Michael J. King</b>				
Full Name of Contributor <b>Wayne Jenkins</b>		Employer, Occupation, Labor Organization * <b>Dinsmore &amp; Shohl LLP</b>		Registration Number, if PAC
Street Address <b>175 S. Third Street, Tenth Floor</b>		Description of Item or Service <b>postage</b>		M   D   Y   Fair Market Value <b>110   310   017   7.41</b>
City <b>Columbus</b>		State <b>O</b> I   H	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Michael Squillace</b>		Employer, Occupation, Labor Organization * <b>Dinsmore &amp; Shohl LLP</b>		Registration Number, if PAC
Street Address <b>175 S. Third Street, Tenth Floor</b>		Description of Item or Service <b>postage</b>		M   D   Y   Fair Market Value <b>110   310   017   7.41</b>
City <b>Columbus</b>		State <b>O</b> I   H	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>John Jolley</b>		Employer, Occupation, Labor Organization * <b>Dinsmore &amp; Shohl LLP</b>		Registration Number, if PAC
Street Address <b>175 S. Third Street, Tenth Floor</b>		Description of Item or Service <b>postage</b>		M   D   Y   Fair Market Value <b>110   310   017   7.41</b>
City <b>Columbus</b>		State <b>O</b> I   H	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Kirk Wall</b>		Employer, Occupation, Labor Organization * <b>Dinsmore &amp; Shohl LLP</b>		Registration Number, if PAC
Street Address <b>175 S. Third Street, Tenth Floor</b>		Description of Item or Service <b>postage</b>		M   D   Y   Fair Market Value <b>110   310   017   7.41</b>
City <b>Columbus</b>		State <b>O</b> I   H	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>William Mattes</b>		Employer, Occupation, Labor Organization * <b>Dinsmore &amp; Shohl LLP</b>		Registration Number, if PAC
Street Address <b>175 S. Third Street, Tenth Floor</b>		Description of Item or Service <b>postage</b>		M   D   Y   Fair Market Value <b>110   310   017   7.41</b>
City <b>Columbus</b>		State <b>O</b> I   H	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Rick Lavinsky</b>		Employer, Occupation, Labor Organization * <b>Dinsmore &amp; Shohl LLP</b>		Registration Number, if PAC
Street Address <b>175 S. Third Street, Tenth Floor</b>		Description of Item or Service <b>postage</b>		M   D   Y   Fair Market Value <b>110   310   017   7.41</b>
City <b>Columbus</b>		State <b>O</b> I   H	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Marilena Walters</b>		Employer, Occupation, Labor Organization * <b>Dinsmore &amp; Shohl LLP</b>		Registration Number, if PAC
Street Address <b>175 S. Third Street, Tenth Floor</b>		Description of Item or Service <b>postage</b>		M   D   Y   Fair Market Value <b>110   310   017   7.41</b>
City <b>Columbus</b>		State <b>O</b> I   H	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Wayne Jenkins</b>		Employer, Occupation, Labor Organization * <b>Dinsmore &amp; Shohl LLP</b>		Registration Number, if PAC
Street Address <b>175 S. Third Street, Tenth Floor</b>		Description of Item or Service <b>postage</b>		M   D   Y   Fair Market Value <b>110   311   017   7.50</b>
City <b>Columbus</b>		State <b>O</b> I   H	Zip Code <b>43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

\* 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)]