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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

07 OCT 25 PM 12:16
FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Committee to Elect Michael J. King						Registration Number, if PAC				
Full Name of Candidate Michael J. King										
Street Address 364 Blenheim Road				Office Sought Board of Education		District Columbus				
City Columbus						State OH	Zip Code 43214			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		X Pre-General	Post-General		Annual Year		
	July		August		September		Semiannual			
	Monthly		Monthly		Monthly		Termination			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election	M 1	D 1	Y 0	
						1	0	6	0	7

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	0.00
2. Total monetary contributions (From Form No. 31-A)	\$	2,085.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	2,085.00
5. Total monetary expenditures (From Form No. 31-B)	\$	1,553.55
6. Balance on hand (line 4 minus line 5)	\$	531.45
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	2,379.02
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period	\$	0.00

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Gregory P. Mathews, Treasurer

Gregory P. Mathews
Signature

10-25-07
Date

Contribution
pages **13**

Expenditure
pages **3**

Other
pages **10**

Total
pages **26**

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 D Y 0 3 1 4 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 D Y 0 3 2 6 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 D Y 0 3 2 8 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 D Y 0 3 2 8 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 D Y 0 3 3 0 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 D Y 0 3 3 0 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 D Y 0 4 1 1 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 D Y 0 4 1 3 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)]

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 Wayne A. Jenkins					Registration Number, if PAC		
Street Address 318 Whetstone Dr. W			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Powell		State O H	Zip Code 43065	M 0 4	D 1 6	Y 0 7	Amount 50.00
Full Name of Contributor Adam R. Todd					Registration Number, if PAC		
Street Address 12809 Oldham Ave. NW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pickerington		State O H	Zip Code 43147	M 0 4	D 1 7	Y 0 7	Amount 25.00
Full Name of Contributor Jeffrey Willis					Registration Number, if PAC		
Street Address 2020 Harwitch Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Columbus		State O H	Zip Code 43221	M 0 4	D 1 8	Y 0 7	Amount 25.00
Full Name of Contributor Kelly L. Kauffman					Registration Number, if PAC		
Street Address 5224 Windsock Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard		State O H	Zip Code 43026	M 0 4	D 2 4	Y 0 7	Amount 40.00
Full Name of Contributor Gregory P. Mathews					Registration Number, if PAC		
Street Address 364 Blenheim Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43214	M 0 4	D 2 4	Y 0 7	Amount 35.00
Full Name of Contributor Marilena Rinaldi Walters					Registration Number, if PAC		
Street Address 4410 Dublin Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43221	M 0 4	D 2 4	Y 0 7	Amount 150.00
Full Name of Contributor Lisa L. Sadler					Registration Number, if PAC		
Street Address 675 Parkedge Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna		State O H	Zip Code 43230	M 0 4	D 2 3	Y 0 7	Amount 50.00
Full Name of Contributor Contributions from form No. 31-E					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
				0 4	2 4	0 7	560.00

* 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)]

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 D. Michael Crites						Registration Number, if PAC			
Street Address 309 E. Whetstone Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Powell		State O H		Zip Code 43065		M 0 4	D 2 4	Y 0 7	Amount 35.00
Full Name of Contributor Jeffrey A. Willis						Registration Number, if PAC			
Street Address 2020 Harwitch Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43221		M 0 4	D 2 5	Y 0 7	Amount 70.00
Full Name of Contributor Diane E. Ray						Registration Number, if PAC			
Street Address 237 W Dunedin Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43214		M 0 4	D 2 9	Y 0 7	Amount 35.00
Full Name of Contributor Michael J. Galeano						Registration Number, if PAC			
Street Address 6253 Muirloch Ct. S.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State O H		Zip Code 43017		M 0 7	D 0 9	Y 0 7	Amount 125.00
Full Name of Contributor Michael L. Squillace						Registration Number, if PAC			
Street Address 7217 Hopewell St.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State O H		Zip Code 43017		M 0 9	D 2 8	Y 0 7	Amount 100.00
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M	D	Y	Amount

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Michael J. King						
To Whom Paid Melissa Sparks	M	D	Y	Amount		
	0	3	3 1	0 7	200.00	
Address 3 Village Point	Purpose campaign web page design					
City Crestview	State K Y	Zip Code 41076	Check Number 500			
To Whom Paid Part 2 Screen Printing & Design, Inc.	M	D	Y	Amount		
	0	4	1 2	0 7	427.85	
Address 935 King Ave	Purpose campaign t-shirts					
City Columbus	State O H	Zip Code 43212	Check Number 501			
To Whom Paid Michael J. King	M	D	Y	Amount		
	0	4	1 8	0 7	86.64	
Address 795 Overlook Dr.	Purpose campaign web page registration reimbursement					
City Columbus	State O H	Zip Code 43214	Check Number 502			
To Whom Paid Expenditures from form 31-F	M	D	Y	Amount		
	0	4	2 4	0 7	350.00	
Address	Purpose					
City	State	Zip Code	Check Number			
To Whom Paid Melissa Sparks	M	D	Y	Amount		
	0	4	2 6	0 7	200.00	
Address 3 Village Point	Purpose campaign web page design					
City Crestview	State K Y	Zip Code 41076	Check Number 504			
To Whom Paid Part 2 Screen Printing & Design, Inc.	M	D	Y	Amount		
	0	5	2 1	0 7	181.90	
Address 935 King Ave	Purpose campaign t-shirts					
City Columbus	State O H	Zip Code 43212	Check Number 505			
To Whom Paid The Ohio Ethics Commission	M	D	Y	Amount		
	1	0	0 9	0 7	20.00	
Address 8 East Long Street, 10th Floor	Purpose filing fee					
City Columbus	State O H	Zip Code 43215	Check Number 506			
To Whom Paid IKON Office Solutions	M	D	Y	Amount		
	1	0	1 2	0 7	42.70	
Address 1600 Solutions Center	Purpose mailing card preparation					
City Chicago	State I L	Zip Code 60677	Check Number 508			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Michael J. King												
To Whom Paid IKON Office Solutions						M	D	Y	Amount			
						1	0	1	7	0	7	10.68
Address 1600 Solutions Center				Purpose mailing card preparation								
City Chicago		State I L		Zip Code 60677		Check Number 507						
To Whom Paid The Huntington National Bank						M	D	Y	Amount			
						0	5	1	5	0	7	33.78
Address P.O. Box 1558				Purpose service charge for checks, deposit tickets, check supplies								
City Columbus		State O H		Zip Code 43216		Check Number n/a						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Committee to Elect Michael J. King							
Full Name of Contributor				Registration Number, if PAC			
Stevo Stefanovski							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
784 Overlook Dr.				0	4	2	35.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43214	Check			
Full Name of Contributor				Registration Number, if PAC			
William M. Mattes							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
67 Indian Springs Dr.				0	4	2	35.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43214	Check			
Full Name of Contributor				Registration Number, if PAC			
Edwin L. Skeens							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1113 Westwood Ave.				0	4	2	35.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43212	Check			
Full Name of Contributor				Registration Number, if PAC			
Kirk M. Wall							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7016 Timberview Drive				0	4	2	150.00
City		State	Zip Code	Form(Cash,Check,etc)			
Dublin		O H	43017	Check			
Full Name of Contributor				Registration Number, if PAC			
Stephanie Hess							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
420 S. Court St.				0	4	2	40.00
City		State	Zip Code	Form(Cash,Check,etc)			
Circleville		O H	43113	Cash			
Full Name of Contributor				Registration Number, if PAC			
Milan Zecevic							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
3169 Golden Oak Dr.				0	4	2	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
Hilliard		O H	43026	Cash			
Full Name of Contributor				Registration Number, if PAC			
Karen Waldrop							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
303 Lenappe Dr.				0	4	2	10.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43214	Cash			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 355.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael J. King				Registration Number, if PAC			
Full Name of Contributor Donna K. Latif				Registration Number, if PAC			
Street Address 1451 Ardwick Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	35.00
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Timothy P. McCarthy				Registration Number, if PAC			
Street Address 111 North Stanwood		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	35.00
City Bexley		State O H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Elizabethh M. Alguire				Registration Number, if PAC			
Street Address 1158 Norris Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	35.00
City Columbus		State O H	Zip Code 43224	Form(Cash,Check,etc) Check			
Full Name of Contributor Donna Ramey				Registration Number, if PAC			
Street Address 1199 Norris Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State O H	Zip Code 43224	Form(Cash,Check,etc) Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event
560.00

Total expenditures this event
350.00

Page Total \$ 205.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full											
Committee to Elect Michael J. King											
To Whom Paid					M	D	Y	Amount			
Champps Americana					0	4	2	4	0	7	350.00
Address			Purpose								
1827 Olentangy River Road			food and beverages for campaign fund raising event								
City		State	Zip Code	Check Number							
Columbus		O	H	43212		503					
To Whom Paid					M	D	Y	Amount			
Address			Purpose								
City		State	Zip Code	Check Number							
To Whom Paid					M	D	Y	Amount			
Address			Purpose								
City		State	Zip Code	Check Number							
To Whom Paid					M	D	Y	Amount			
Address			Purpose								
City		State	Zip Code	Check Number							
To Whom Paid					M	D	Y	Amount			
Address			Purpose								
City		State	Zip Code	Check Number							
To Whom Paid					M	D	Y	Amount			
Address			Purpose								
City		State	Zip Code	Check Number							
To Whom Paid					M	D	Y	Amount			
Address			Purpose								
City		State	Zip Code	Check Number							
To Whom Paid					M	D	Y	Amount			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		Employer, Occupation, Labor Organization *		Registration Number, if PAC						
Committee to Elect Michael J. King										
Full Name of Contributor	Michael J. King	Description of Item or Service		M	D	Y	Fair Market Value			
Street Address	795 Overlook Dr.	petition filing fee		0	2	2	0	7	30.00	
City	Columbus	State	Zip Code	Received at Fundraising Event?						
		O H	43214	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Full Name of Contributor	Michael J. King	Description of Item or Service		M	D	Y	Fair Market Value			
Street Address	795 Overlook Dr.	paper, envelopes, calendar		0	4	0	1	0	7	48.41
City	Columbus	State	Zip Code	Received at Fundraising Event?						
		O H	43214	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Full Name of Contributor	Michael J. King	Description of Item or Service		M	D	Y	Fair Market Value			
Street Address	795 Overlook Dr.	envelopes		0	8	0	6	0	7	17.61
City	Columbus	State	Zip Code	Received at Fundraising Event?						
		O H	43214	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Full Name of Contributor	Michael J. King	Description of Item or Service		M	D	Y	Fair Market Value			
Street Address	795 Overlook Dr.	cardstock		1	0	0	9	0	7	24.11
City	Columbus	State	Zip Code	Received at Fundraising Event?						
		O H	43214	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Full Name of Contributor	Michael J. King	Description of Item or Service		M	D	Y	Fair Market Value			
Street Address	795 Overlook Dr.	cardstock		1	0	1	1	0	7	36.16
City	Columbus	State	Zip Code	Received at Fundraising Event?						
		O H	43214	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Full Name of Contributor	Michael J. King	Description of Item or Service		M	D	Y	Fair Market Value			
Street Address	795 Overlook Dr.	paper, mailing labels		1	0	1	5	0	7	41.19
City	Columbus	State	Zip Code	Received at Fundraising Event?						
		O H	43214	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Full Name of Contributor	Michael J. King	Description of Item or Service		M	D	Y	Fair Market Value			
Street Address	795 Overlook Dr.	cardstock		1	0	1	6	0	7	24.11
City	Columbus	State	Zip Code	Received at Fundraising Event?						
		O H	43214	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
Full Name of Contributor	Michael J. King	Description of Item or Service		M	D	Y	Fair Market Value			
Street Address	795 Overlook Dr.	mailing labels		1	0	1	7	0	7	28.81
City	Columbus	State	Zip Code	Received at Fundraising Event?						
		O H	43214	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael J. King			
Full Name of Contributor Wayne Jenkins		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP	Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage	M D Y Fair Market Value 1 0 0 5 0 7 90.29
City Columbus		State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Michael Squillace		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP	Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage	M D Y Fair Market Value 1 0 0 5 0 7 90.29
City Columbus		State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor John Jolley		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP	Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage	M D Y Fair Market Value 1 0 0 5 0 7 90.29
City Columbus		State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Kirk Wall		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP	Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage	M D Y Fair Market Value 1 0 0 5 0 7 90.29
City Columbus		State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor William Mattes		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP	Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage	M D Y Fair Market Value 1 0 0 5 0 7 90.30
City Columbus		State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Rick Lavinsky		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP	Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage	M D Y Fair Market Value 1 0 0 5 0 7 90.30
City Columbus		State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Marilena Walters		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP	Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage	M D Y Fair Market Value 1 0 0 5 0 7 90.30
City Columbus		State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Wayne Jenkins		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP	Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage	M D Y Fair Market Value 1 0 1 0 0 7 47.06
City Columbus		State Zip Code O H 43215	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)]

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Committee to Elect Michael J. King			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Michael Squillace	Dinsmore & Shohl LLP		
Street Address	Description of Item or Service	M D Y	Fair Market Value
175 S. Third Street, Tenth Floor	postage	1 0 1 0 0 7	47.06
City	State Zip Code	Received at Fundraising Event?	
Columbus	OH 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
John Jolley	Dinsmore & Shohl LLP		
Street Address	Description of Item or Service	M D Y	Fair Market Value
175 S. Third Street, Tenth Floor	postage	1 0 1 0 0 7	47.06
City	State Zip Code	Received at Fundraising Event?	
Columbus	OH 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Kirk Wall	Dinsmore & Shohl LLP		
Street Address	Description of Item or Service	M D Y	Fair Market Value
175 S. Third Street, Tenth Floor	postage	1 0 1 0 0 7	47.06
City	State Zip Code	Received at Fundraising Event?	
Columbus	OH 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
William Mattes	Dinsmore & Shohl LLP		
Street Address	Description of Item or Service	M D Y	Fair Market Value
175 S. Third Street, Tenth Floor	postage	1 0 1 0 0 7	47.06
City	State Zip Code	Received at Fundraising Event?	
Columbus	OH 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Rick Lavinsky	Dinsmore & Shohl LLP		
Street Address	Description of Item or Service	M D Y	Fair Market Value
175 S. Third Street, Tenth Floor	postage	1 0 1 0 0 7	47.06
City	State Zip Code	Received at Fundraising Event?	
Columbus	OH 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Marilena Walters	Dinsmore & Shohl LLP		
Street Address	Description of Item or Service	M D Y	Fair Market Value
175 S. Third Street, Tenth Floor	postage	1 0 1 0 0 7	47.06
City	State Zip Code	Received at Fundraising Event?	
Columbus	OH 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Wayne Jenkins	Dinsmore & Shohl LLP		
Street Address	Description of Item or Service	M D Y	Fair Market Value
175 S. Third Street, Tenth Floor	postage	1 0 1 1 0 7	33.51
City	State Zip Code	Received at Fundraising Event?	
Columbus	OH 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Michael Squillace	Dinsmore & Shohl LLP		
Street Address	Description of Item or Service	M D Y	Fair Market Value
175 S. Third Street, Tenth Floor	postage	1 0 1 1 0 7	33.51
City	State Zip Code	Received at Fundraising Event?	
Columbus	OH 43215	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
Committee to Elect Michael J. King			
Full Name of Contributor John Jolley	Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP	Registration Number, if PAC	
Street Address 175 S. Third Street, Tenth Floor	Description of Item or Service postage	M D Y 1 0 1 1 0 7	Fair Market Value 33.50
City Columbus	State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Kirk Wall			
Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			
Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor	Description of Item or Service postage	M D Y 1 0 1 1 0 7	Fair Market Value 33.50
City Columbus	State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor William Mattes			
Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			
Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor	Description of Item or Service postage	M D Y 1 0 1 1 0 7	Fair Market Value 33.50
City Columbus	State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Rick Lavinsky			
Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			
Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor	Description of Item or Service postage	M D Y 1 0 1 1 0 7	Fair Market Value 33.50
City Columbus	State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Marilena Walters			
Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			
Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor	Description of Item or Service postage	M D Y 1 0 1 1 0 7	Fair Market Value 33.50
City Columbus	State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Wayne Jenkins			
Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			
Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor	Description of Item or Service postage	M D Y 1 0 1 2 0 7	Fair Market Value 63.82
City Columbus	State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Michael Squillace			
Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			
Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor	Description of Item or Service postage	M D Y 1 0 1 2 0 7	Fair Market Value 63.81
City Columbus	State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor John Jolley			
Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			
Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor	Description of Item or Service postage	M D Y 1 0 1 2 0 7	Fair Market Value 63.81
City Columbus	State Zip Code O H 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee to Elect Michael J. King								
Full Name of Contributor Kirk Wall		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State O	H	Zip Code 43215	1	0	1	2
					0	7		63.81
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor William Mattes		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State O	H	Zip Code 43215	1	0	1	2
					0	7		63.81
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Rick Lavinsky		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State O	H	Zip Code 43215	1	0	1	2
					0	7		63.81
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Marilena Walters		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State O	H	Zip Code 43215	1	0	1	2
					0	7		63.81
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Wayne Jenkins		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State O	H	Zip Code 43215	1	0	1	3
					0	7		12.70
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Michael Squillace		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State O	H	Zip Code 43215	1	0	1	3
					0	7		12.70
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor John Jolley		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State O	H	Zip Code 43215	1	0	1	3
					0	7		12.71
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Kirk Wall		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State O	H	Zip Code 43215	1	0	1	3
					0	7		12.71
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee to Elect Michael J. King								
Full Name of Contributor William Mattes		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215		1	0	1	13
					0	7	7	12.70
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Rick Lavinsky		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215		1	0	1	13
					0	7	7	12.70
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Marilena Walters		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215		1	0	1	13
					0	7	7	12.70
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Wayne Jenkins		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215		1	0	1	6
					0	7	7	28.41
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Michael Squillace		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215		1	0	1	6
					0	7	7	28.41
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor John Jolley		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215		1	0	1	6
					0	7	7	28.41
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor Kirk Wall		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215		1	0	1	6
					0	7	7	28.41
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor William Mattes		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP			Registration Number, if PAC			
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage			M	D	Y	Fair Market Value
City Columbus		State <input type="radio"/> O <input type="radio"/> H	Zip Code 43215		1	0	1	6
					0	7	7	28.42
					Received at Fundraising Event?			
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael J. King				
Full Name of Contributor Rick Lavinsky		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP		Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage		M D Y Fair Market Value 1 0 1 6 0 7 28.42
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Marilena Walters		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP		Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage		M D Y Fair Market Value 1 0 1 6 0 7 28.42
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Wayne Jenkins		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP		Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage		M D Y Fair Market Value 1 0 1 7 0 7 28.30
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Michael Squillace		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP		Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage		M D Y Fair Market Value 1 0 1 7 0 7 28.30
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor John Jolley		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP		Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage		M D Y Fair Market Value 1 0 1 7 0 7 28.30
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Kirk Wall		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP		Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage		M D Y Fair Market Value 1 0 1 7 0 7 28.30
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor William Mattes		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP		Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage		M D Y Fair Market Value 1 0 1 7 0 7 28.30
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Rick Lavinsky		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP		Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage		M D Y Fair Market Value 1 0 1 7 0 7 28.31
City Columbus		State O H	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Michael J. King			
Full Name of Contributor Marilena Walters		Employer, Occupation, Labor Organization * Dinsmore & Shohl LLP	Registration Number, if PAC
Street Address 175 S. Third Street, Tenth Floor		Description of Item or Service postage	M D Y Fair Market Value 1 0 1 7 0 7 28.31
City Columbus	State OH	Zip Code 43215	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City	State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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