Page	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
AluttoforDublin						
Full Name of Contributor				Registration Number, if PAC		
Sandra Tucker	<u> </u>					
Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)		
8989 Turin Hill Ct				check		
City	State	Zip Code	M D Y	Amount		
Dublin	₀ h	43017	0 9 2 6 1 5	50.00		
Full Name of Contributor			Registration Number, if PA	AC		
Jim Tucker						
Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)		
8989 Turin Hill Ct				check		
City	State	Zip Code	M D Y	Amount		
Dublin	o h	43017	0 9 2 6 1 5	50.00		
Full Name of Contributor		, , ,	Registration Number, if Pa			
Robert Fathman						
Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)		
5805 Tarton Cir		-		online		
City	State	Zip Code	M D Y	Amount		
Dublin	0 h	43017	0 9 2 5 1 5	100.00		
Full Name of Contributor		10017	Registration Number, if P			
Warren Fishman						
Street Address	Employer/Occur	ation/Labor Organization*		Form (Cash, Check, etc.)		
8577 Turnberry Ct	projer strap			check		
City	State	Zip Code	M D Y	Amount		
Dublin	$\bigcup_{\mathbf{O}} \mathbf{h}$	43017	1 0 0 4 1 5			
Full Name of Contributor	10 11	1 45017	Registration Number, if P.			
James Wilmer Street Address	Employer/Occur	nation/Labor Organization*		Form (Cash, Check, etc.)		
	Employer Occupation Fator Organization			online		
8995 Springburn City	State	Zip Code	м р ү	Amount		
1 -	1 h	43017	1 0 0 7 1 5			
Dublin Full Name of Contributor	0 11	1 43017	Registration Number, if P.			
I di Palite di Collination						
Bob Fathman	Employar/Occur	nation/Labor Organization*		Form (Cash, Check, etc.)		
Street Address	Employer/Occup	Janous Catoon Organication		online		
5805 Tarton Cir	State	Zip Code	M D Y			
City	1 6	43017	1 0 0 3 1 5			
Dublin	0 N	43017	Registration Number, if P	AC 100.00		
Full Name of Contributor			Registration (value), ii i	no		
Rick Schwieterman	E1/O	oation/Labor Organization*		Form (Cash, Check, etc.)		
Street Address	Employer/Occup	Saudin Caganization		Check		
8546 Preston Mill	64.4	[2]C.d.	M D Y	Amount		
City	State	Zip Code	1 0 1 5 1 5			
Dublin	o n	43017				
Full Name of Contributor Registration Number, if PAC						
Howard Wood		Form (Cash, Check, etc.)				
Street Address	Employer/Occupation/Labor Organization*					
5996 Springburn		Ta: 0 1	lu lo lu	Check		
City	State	Zip Code	M D Y	Amount 100.00		
Dublin	o h	43017	1 0 1 5 1 5	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 900.00