

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Walsh For Bexley										
Full Name of Contributor Mary Slone						Registration Number, if PAC				
Street Address 3456 Daglow Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43232		M 0		D 9		Y 1 9 1 7	
						Amount \$50.00				
Full Name of Contributor April Walsh						Registration Number, if PAC				
Street Address 1005 S. Remington Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash			
City Bexley		State OH	Zip Code 43209		M 0		D 7		Y 2 6 1 7	
						Amount \$70.00				
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				
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				
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				

* 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 also appear. [R.C. 3517.10(B)(4)]