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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		ļ •				
Walter4Dublin			Registrat	' NI	:c D A	·
Full Name of Contributor		:	Registrat	ion ivem	ber, ii PA	
James Korcykoski						r (C.1 Ch.1 (1)
Street Address	Employer/Occuj	pation/Labor Organization*				Form (Cash, Check, etc.)
8026 Summerhouse Drive West		<u> </u>		_		Check
City	State	Zip Code	M	D	Y	Amount
Dublin	0 H	43016		$0 \mid 4$		100.00
Full Name of Contributor		Ī	Registrat	tion Num	ber, if PA	C
Agnes Walter		<u> </u>				
Street Address	Employer/Occu	oation/Labor Organization*				Form (Cash, Check, etc.)
707 Green		· · · · · · · · · · · · · · · · · · ·				PayPal
City	State	Zip Code	М	D	Y	Amount
New Smyrna Beach	FL	32168	0 4	0 8	$1 \mid 1$	50.00
Full Name of Contributor			Registrat	tion Num	ber, if PA	.C
		į				
Street Address	Employer/Occu	pation/Labor Organization*	•			Form (Cash, Check, etc.)
		i				
City	State	Zip Code	М	D	Y	Amount
	i i		1 1	l ı		
Full Name of Contributor			Registra	tion Num	ber, if PA	vC
For Name of Controllor			ľ			
Street Address	Employer/Occu	pation/Labor Organization*		•		Form (Cash, Check, etc.)
Street Address	Employer	l o Barre				
	State	Zip Code	M	D	l y	Amount
City	State	Zip Code	"		l i	,
			Registra	tion Num	iber, if PA	\C
Full Name of Contributor		•	Registra	illon 14un	1001, 11 17	
	EI(O					Form (Cash, Check, etc.)
Street Address	Employer/Occi	pation/Labór Organization*				romi (Casii, Check, cic.)
		<u>i</u>	1 37		1 17	Amount
City	State	Zip Code	M	D	Y	Amount
				<u> </u>	1 380	
Full Name of Contributor		i	Registra	ition Nun	iber, if P	AC .
		<u> </u>				
Street Address	Employer/Occi	pation/Labor Organization*	•			Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
		1			<u></u>	
Full Name of Contributor		1	Registra	ation Nun	nber, if P	AC
Street Address	Employer/Occi	ipation/Labor Organization*	-			Form (Cash, Check, etc.)
		I				
City	State	Zip Code	М	D	Y	Amount
						ł
Full Name of Contributor	, , , , , , , , , , , , , , , , , , ,		Registra	ation Nur	nber, if P.	AC
<u> </u>			1			
Street Address	Employer/Occ	ipation/Labor Organization	*			Form (Cash, Check, etc.)
		1				
City	State	Zip Code	М	D	Y	Amount
		1				
	1	i .		1		

* 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 \$	150.00