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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				_		
Walter4Dublin						
Full Name of Contributor						
· ·			Registra	ition Nur	nber. if PA	sC .
Margaret Robinson Street Address	- In 1					
	Employer Occi	pation'Labor Organization*				Form (Cash, Check, etc.)
8120 Alimore Green						PayPal PayPal
City	State	Zip Code	M	D .	l Y	Amount
Dublin	O H	43016			1 3	75.00
Full Name of Contributor			Registra	tion Num	iber. if PA	.c
Thomas Walter				_		
Street Address	Employer Occi	pation/Labor Organization*			_	Form (Cash, Check, etc.)
707 Green Rd						PayPal
City	State	Zip Code	М	D	Y	Amount
New Smyrna Beach	F L	32168	017	311	113	50.00
Full Name of Contributor					ber. if PA	
Scott McCort						
Street Address	Employer Occu	pation/Labor Organization*			_	Form (Cash, Check, etc.)
8155 Averv Rd						PayPal
City	State	Zip Code	М	D	ΙΥ	Amount
Dublin	ОІН	43016	017	1 9	113	150.00
Full Name of Contributor		10010			ber, if PA	
Street Address	Employer Occu	pation/Labor Organization*		_	-	Form (Cash, Check, etc.)
						on (case circum etc.)
City	State	Zip Code	M	D	Y	Amount
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Full Name of Contributor	<u> </u>		Revistes	tion Yum	ber. if PA	
			NCEDUA.		icei. II i A	
Street Address	Employer Occupation Labor Organization*				Form (Cash, Check, etc.)	
3	i impioyet/occu	pation Labor Organization			Ì	rom (Cash, Check, etc.)
City	State	Zip Code	- 1 37 -	- D	T 32	
City	3 tate	zip code	M	D	Y	Amount
Full Name of Contributor			D			
Tall Name of Contributor			Registra	tion Num	ber, if PA	L
S 4.11	le i A			-		
Street Address	Employer Occu	pation!Labor Organization*				Form (Cash, Check, etc.)
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City	State	Zip Code	M,	D	Y,	Amount
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Full Name of Contributor			Registrat	tion Num	ber, if PA	С
Street Address	Employer Occu	pation'Labor Organization*				Form (Cash, Check, etc.)
			_			
City	State	Zip Code	M	Ð	Y	Amount
	_				1	
Full Name of Contributor			Registrat	tion Num	ber. if PA	С
Street Address	Employer Occupation Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	Đ	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 appear, [R.C. 3517.10(B)(4)]

Page Total S	275.00