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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Fi								
Walter4Dublin			· -					
Full Name of Contributor				Registra	ation Nu	mber, if f	PAC	
Thomas Hickey Street Address	Ic						F 40 1 61 4 1 1	
	Employe	r/Uccup	pation/Labor Organization*				Form (Cash, Check, etc.)	
8692 Tartan Fields Dr.	-		lar o i	1		<del></del>	Credit Card	
•	Sta	H	Zip Code	M	D	Y   a   =	Amount	
Dublin Full Name of Contributor	<u>  O  </u>	1.1	43017	0 7	3 0	1 5		
				Registra	on Nur	nber, if F	PAC	
Rich Taylor Street Address	Irt.	<b>10</b>						
	Employer	//Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
4500 Belaire Ave	011		Tz:- 0-4-	1	_		Check	
City	Sta		Zip Code	M	D	Υ	Amount	
Dublin	01	Н	43017	0 7	3 0	1 5	250.00	
Full Name of Contributor				Registra	ation Nur	nber, if F	PAC	
Jill Thomas	le .						le '12	
Street Address	Employer	r/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
3173 Martin Road	<del> </del>		I				Credit Card	
City	Sta		Zip Code	M	D	Y	Amount	
Dublin	ΙΟΙ	Н	43017	0 7	3 1	1   5	25.00	
Full Name of Contributor				Registra	tion Nur	nber, if F	PAC	
Jodi Rhodes	·							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6475 Green Stone Loop							Credit Card	
City	Sta		Zip Code	M	Ð	Υ	Amount	
Dublin	0	Н	43016	017	3   1	1 5	50.00	
Full Name of Contributor				Registra	ition Nur	nber, if F	PAC	
Paul Swift	T= .							
Street Address	Employer	/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)	
6181 Memorial Dr			[a. a				Credit Card	
City	Star		Zip Code	M	D	Y .	Amount	
Dublin	0	Н	43017	0 8	0 4	1 5	100.00	
Full Name of Contributor Registration Number, if PAC								
Robert Boich	1							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
7590 Bellaire Ave		. 1	le: a .		_		Credit Card	
City	Star		Zip Code	M	0	Y .	Amount	
Dublin	0	Н	43017	0 8	0 4	1 5	150.00	
Full Name of Contributor				Registra	ition Nur	nber, if F	PAC	
Julie Stoddard Smith	le	<b>5</b>					5 (0 1 0 1 1 1	
Street Address	Employer/Occupation/Labor Organization*			Ì			Form (Cash, Check, etc.)	
6258 Memorial Drive	-		Im: A (		_		Credit Card	
City	Sta		Zip Code	M	D O		Amount	
Dublin	01	H	43017		019	1 5	50.00	
Full Name of Contributor				Registra	iuon Nur	nber, if F	AC	
Marilyn Economou	Ic	·				-	C (C C+	
Street Address	стрюуег	voccup	pation/Labor Organization*				Form (Cash, Check, etc.)	
5766 Loch Maree Ct	<u> </u>		7:- 0-4-				Check	
City	Sta		Zip Code	M	D		Amount 25.00	
Dublin		Н	43017	ואוטו	1 0	LIO	25.00	

Page Total \$ 700.00

<sup>\*</sup> 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)]