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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				In · ·			
Suhail Zidan				Registra	tion Num	iber, if PA	iC .
Street Address	Employe	-/Osss	stion/Labor Organization*	Ь			F (C1 (C1)
	Employe	a/Occupa	SHOOD Labor Organization				Form (Cash, Check, etc.)
6296 Ross Bend City	0.		In: O I	1			Check
Dublin	O	ate Hi	Zip Code 43017	М 019	D 1 1	Y 1 5	Amount 250.00
Full Name of Contributor	1.0		45017			ber, if PA	
Pat Grabill				registra	1100 11001	IOC1, 11 1 A	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2970 Arbuckle Rd NW	' '		·				Credit Card
City	St	ate	Zip Code	М	D	I Y	Amount
London	آ م ا	H	43140		1 4	1	250.00
Full Name of Contributor			43140		_	ber, if PA	
Scott Wood				Kegistia	aron man	ICC1, 11 1 A	
Street Address	Employe	r/Occupa	tion/Labor Organization*	_	_		Form (Cash, Check, etc.)
34 Pepperbush Dr	1-4.0,0	Оссери					Credit Card
City	Sr	ate	Zip Code	М	D	ΙΥ	Amount
Amston	C	T	06231	019	1 .		
Full Name of Contributor	<u> </u>		00231			1 5 ber, if PA	250.00
Julie Helmreich				Registia	HOU LYGH	ibei, ii PA	i.C
Street Address	Employe	r/Occurso	tion/Labor Organization*	<u> </u>			From (Cock Check etc.)
	Linploye	г/Сксира	montration organization.				Form (Cash, Check, etc.)
6600 Deeside Dr.	5		7: C. I.	1	T	1 1/	Credit Card
-	1	ate H	Zip Code	M	D	Y	Amount
Dublin	0	11	43017		2 5		100.00
Full Name of Contributor Registration Number, if PAC							
David Monte	la i					-	
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
8880 Lea Ct	 				r _		Check
City	l		Zip Code	М	D	Y	Amount
Dublin] () (Н	43017	1 0			100.00
Full Name of Contributor				Registra	tion Num	ber, if PA	c
Donna O'Connor							
Street Address	Employe	г/Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)
5065 Winchell Ct				,			Check
City			Zip Code	M	D.	Y.	Amount
Dublin	0	П	43017			1 5	
Full Name of Contributor				Registra	tion Num	ber, if PA	c "
David Gonzalez			. <u></u>				
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
8440 Arbory Hill Court	ļ		,				Credit Card
City	Sta		Zip Code	M	D	Y	Amount
Dublin	0	Н	43017	1 0	018	1 5	150.00
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						
	<u> </u>					,	
City	Sta	ate	Zip Code	M ₁	D	Y	Amount
]			

Page Total \$	1,200.00

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)]