

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin						
Full Name of Contributor Suhail Zidan				Registration Number, if PAC		
Street Address 6296 Ross Bend		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0	D 9	Y 11	Amount 250.00
Full Name of Contributor Pat Grabill				Registration Number, if PAC		
Street Address 2970 Arbuckle Rd NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City London	State O H	Zip Code 43140	M 0	D 9	Y 11	Amount 250.00
Full Name of Contributor Scott Wood				Registration Number, if PAC		
Street Address 34 Pepperbush Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Amston	State C T	Zip Code 06231	M 0	D 9	Y 25	Amount 250.00
Full Name of Contributor Julie Helmreich				Registration Number, if PAC		
Street Address 6600 Deeside Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin	State O H	Zip Code 43017	M 0	D 9	Y 25	Amount 100.00
Full Name of Contributor David Monte				Registration Number, if PAC		
Street Address 8880 Lea Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 1	D 0	Y 08	Amount 100.00
Full Name of Contributor Donna O'Connor				Registration Number, if PAC		
Street Address 5065 Winchell Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 1	D 0	Y 08	Amount 100.00
Full Name of Contributor David Gonzalez				Registration Number, if PAC		
Street Address 8440 Arbory Hill Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin	State O H	Zip Code 43017	M 1	D 0	Y 08	Amount 150.00
Full Name of Contributor David Grimm				Registration Number, if PAC		
Street Address 8148 Grafton End		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin	State O H	Zip Code 43016	M 1	D 0	Y 18	Amount 100.00

* 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)]