## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	···	<u> </u>					
Name of Committee in Full						<del>-</del>	
Walter4Dublin							
Full Name of Contributor				Registration Number, if PAC			
Suhail Zidan			L.				
Street Address	Етрюуст/Оссир	ation/Labor Organization*				Form (Cash, Check, etc.)	
6296 Ross Bend						Check	
City	State	Zip Code	М	D	Y	Amount	
Dublin -	OIH	43017	1019	111	1 5	250.00	
Full Name of Contributor			Registra	tion Numi	$\overline{}$		
Pat Grabill							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
2970 Arbuckle Rd NW		_				Credit Card	
City	State	Zip Code	М	D	Y	Amount	
London	ОІН	43140	019	1 4	1 5	250.00	
Full Name of Contributor	101	13110		tion Numi			
Scott Wood							
Street Address	Employer/Occum	ation/Labor Organization®				Form (Cash, Check, etc.)	
	Employer/Occupation/Labor Organization*						
34 Pepperbush Dr	S	Zip Code	М	l n	l v	Credit Card	
City	State			D	Y		
Amston	CII	06231	019	2 5	_	250.00	
Full Name of Contributor			Registra	tion Numl	ber, if PA	C	
Julie Helmreich	T						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
6600 Deeside Dr.						Credit Card	
City	State	Zip Code	M <sub>.</sub>	D	Y	Amount	
Dublin	OIH	43017	019	2 5	1 5	100.00	
Full Name of Contributor			Registra	tion Numl	ber, if PA	c	
David Monte							
Street Address	Employer/Occup	ation/Labor Organization*	_			Form (Cash, Check, etc.)	
8880 Lea Ct						Check	
City	State	Zip Code	М	D	Y	Amount	
Dublin	O   H	43017	110	0 8	1 5	100.00	
Full Name of Contributor		<u></u>	Registra	tion Num	ber, if PA	С	
Donna O'Connor							
Street Address	Employer/Occup	ation/Labor Organization*	•			Form (Cash, Check, etc.)	
5065 Winchell Ct						Check	
City	State	Zip Code	М	D	Y	Amount	
Dublin	ОІН	43017	1110	018	115	100.00	
Full Name of Contributor		1001		tion Num			
David Gonzalez							
Street Address	Employer/Occur	ation/Labor Organization*	<del></del>			Form (Cash, Check, etc.)	
8440 Arbory Hill Court	- Company of Company of Company					Credit Card	
	State	Zip Code	М	D	Y	Amount	
City	1	43017		018		150.00	
Dublin Full Name of Contributor	OIH	43017		tion Num			
1			Kegisda	won timit	, u i 7		
David Grimm	Ir1. +0:	union () about () — i-vi-a-*				Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*				• •		
8148 Grafton End		Tai a .	1	l e	17	Credit Card	
City	State	Zip Code	M	D	Y	Amount	
Dublin	OIH	43016	110	1 8	115	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)]

Page Total \$ 1,300.00