## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	· · _	•		_				
Name of Committee in Full	2111211							
Walter4Dublin								
Full Name of Contributor	Registr			istration Number, if PAC				
William Bownas			1					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
7365 Bellaire Ave						Check		
City	State	Zip Code	М	D	Y	Amount		
Dublin	O   H	43017	018	1 3	1 5		200.00	
Full Name of Contributor		•	Registra	tion Num	ber, if PA	С		
Brendan Kellv								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	ck, etc.)	
111 W 1st Ave, Apt 12						Credit C	Card	
City	State	Zip Code	М	D	Y	Amount		
Columbu	OH	43201	018	1 4	1 5		25.00	
Full Name of Contributor				tion Num		c		
Daniel Walter								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)		
738 Decker Road						Credit Card		
City	State	Zip Code	М	Ð	Y	Amount		
Georgia	V   T	05468	018	2/2	1 5		50.00	
Full Name of Contributor				tion Num		C		
Michelle Thomas								
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
6321 Ross Bend						Check		
City	State	Zip Code	М	D	Y	Amount		
Dublin	0   Н	43016	018	218	1   5		150.00	
Full Name of Contributor		<u></u>	Registra	tion Num	ber, if PA	C		
Cap Clegg								
Street Address	Employer/Occupation/Labor Organization*			-		Form (Cash, Check, etc.)		
5334 McGinty Ct						Check		
City	State	Zip Code	М	D	Y	Amount		
Dublin	O   H	43017	019	019	1   5		100.00	
Full Name of Contributor		•	Registra	tion Num	ber, if PA	C		
Mark Dewalt				_				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
8851 Sunart Ct						Check		
City	State	Zip Code	М	D	Y	Amount		
Dublin	O   H	43017	019	111	1 5		100.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	ıC .	<del>-</del>	
Timothy Spencer						_		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
8094 Holyrood Ct				Check				
City	State	Zip Code	М	D	Y	Amount		
Dublin	OIH	43017		1 1	116		50.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	ıc		
Charles Marlowe							_	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
8490 Torwoodle Ct				Credit Card				
City	State	Zip Code	М	D	Y	Amount		
Dublin	_ O   H_	43017	[0]9	111	<u> 1 5</u>	L	250 <u>.00</u>	

• 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 \$	925.00
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