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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					Registration Number, if PAC			
Tom Holton								
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check	., etc.)
5957 Roundstone Pl							Check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Dublin	0	Н	43016	110	1 6	1 5		75.00
Full Name of Contributor				Registra	tion Num	ber, if PA		
Terrance Strominger				ł				
Street Address	Employer	tion/Labor Organization*				Form (Cash, Check	, etc.)	
8060 Lombard Way							Credit Card	
City	Sta	ite	Zip Code	М	D	Y	Amount	
Dublin	01	Н	43016	111	011	1 5		25.00
Full Name of Contributor	, ,		10010		tion Num		c	20.00
Kevin Walter				Ĭ		ŕ		
Street Address	Employer	/Occupa	tion/Labor Organization*	<u> </u>			Form (Cash, Check	etc.)
6289 Ross Bend	'					Cash		
City	Sta	ite	Zip Code	Тм	D	ľΥ	Amount	
Dublin	Oï	H	43016	112			, and an	44.93
Full Name of Contributor	101	- 1 1	43010					44.93
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check	, etc.)
Co.			la: a .	1	1			
City	Sta	ite	Zíp Code	M	D	Y	Amount	
Full Name of Contributor	<u> </u>			Demister	tion Num	her if DA		
Full Name of Contributor Registration Number, if PAC								
recet Address Employer/Occupation/Labor Organization* Form (Cash, Che							Form (Cash, Check	etr.)
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Ch.	Sta		Zip Code	Тм	T D	IΤΥ	Amount	
City	1	üΕ	Zip Code	"	l ĭ	1 1	VIII/IIII	
2 D. CO. 13	<u> </u>			D	aina Ni		<u> </u>	-
Full Name of Contributor				Registra	ition Num	Der, 11 PA	C	
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Che							, etc.)
City	Sta	te	Zip Code	М	D	Y	Amount	
	l 1		·		l i	Li		
Full Name of Contributor	<u>'</u>		<u> </u>	Registra	ation Num	ber, if PA	С	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check	i, etc.)
				1			-	
City	Sta	ite	Zip Code	M,	D .	l Y	Amount	
			<u> </u>	1		<u> </u>		
Full Name of Contributor Registration Number, if PAC								
	Employer/Occupation/Labor Organization*						Form (Cash, Check	erc)
Street Address	rampioya	moretanos enganizanos:				i om (Casil, Circk	, ac. <i>j</i>	
City	Sta	te.	Zip Code	М	D	Y	Amount	
				1	1	l i		
control for contributions from individuals over \$100 to statewide and gene	nl accemb	h: candie	later If contributor is self-emple	oved the	occupation	n and the	name of the	

* 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 \$ 144.93