

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin							
Full Name of Contributor Casey Cseplo					Registration Number, if PAC		
Street Address 6012 Glenfinnan Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43017	M 110	D 119	Y 113	Amount 150.00	
Full Name of Contributor Bill Cseplo					Registration Number, if PAC		
Street Address 6012 Glenfinnan Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43017	M 110	D 119	Y 8113	Amount 150.00	
Full Name of Contributor Christie Heinlen					Registration Number, if PAC		
Street Address 6440 Greenstone Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43016	M 110	D 210	Y 113	Amount 150.00	
Full Name of Contributor Kelly Darrow					Registration Number, if PAC		
Street Address 6461 Greenstone Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 110	D 212	Y 113	Amount 50.00	
Full Name of Contributor Bob Darrow					Registration Number, if PAC		
Street Address 6461 Greenstone Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 110	D 212	Y 113	Amount 150.00	
Full Name of Contributor John Molnar					Registration Number, if PAC		
Street Address 6434 Red Stone Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43016	M 110	D 213	Y 113	Amount 50.00	
Full Name of Contributor Michelle Thomas					Registration Number, if PAC		
Street Address 6321 Ross Bend		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43016	M 110	D 218	Y 113	Amount 150.00	
Full Name of Contributor Kim Eilerman					Registration Number, if PAC		
Street Address 8142 Timble Falls		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43016	M 110	D 310	Y 113	Amount 50.00	

* 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 \$ 900.00