## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

F						<u></u> .	
Name of Committee in Full							
Walter4Dublin							
Full Name of Contributor	Registration			tion Nur	on Number, if PAC		
Margaret Robinson							
Street Address	Employer Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
8120 Alimore Green						PavPal	
City	State	Zip Code	М	D	Y	Amount	
Dublin	0   H	43016	1018	1113	1 3	75.00	
Full Name of Contributor	1 - 1 - 1				aber. if PA		
Thomas Walter			1				
Street Address	Employer Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
707 Green Rd	' '					PayPal	
City	State	Zip Code	М	D	Y	Amount	
New Smyrna Beach	F L	32168	017				
Full Name of Contributor		32100			13 ber, if PA	50.00	
			Regisua	HOH INDE	iber, ii ra		
Scott McCort	In alternation						
Street Address	Employer/Occu	Employer:Occupation'Labor Organization*				Form (Cash, Check, etc.)	
8155 Avery Rd		•		<del></del>		PayPal	
City	State	Zip Code	M	D	Y.	Amount	
Dublin	O   H	43016	017	119	113	150.00	
Full Name of Contributor			Registra	tion Num	nber, if PA	ıc	
Street Address	Employer, Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	1 1				L		
Full Name of Contributor	· ·	_1	Registra	tion Num	ber. if PA	.c	
			-				
Street Address	Employer/Occu	pation'Labor Organization*				Form (Cash, Check, etc.)	
		F					
City	State	Zip Code	M	D	ΙΥ	Amount	
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Full Name of Contributor	ļ i		19 emistro	tion Num	ber, if PA	<u>[</u>	
rail Name of Conditionor			Registra	BOH INGH	10 <b>0</b> 01, 11 F.C.	i.C	
C	Employee Cook	or and other Opposite and				Fr (C-1. Ch-1)	
Street Address	Employer Occupation Labor Organization*					Form (Cash, Check, etc.)	
m1		Ta. 6 .			Т .,	<u></u>	
City	State	Zip Code	M <sub>i</sub>	D	Y	Amount	
	] ]		<del>_</del>				
Full Name of Contributor			Registra	tion Num	ber, if PA	ıc.	
Street Address	Employer, Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	]1			<u> </u>		i	
Full Name of Contributor	•		Registra	tion Num	ber, if PA	c	
Street Address Employer Occupation Labor Organization						Form (Cash, Check, etc.)	
		,				]	
City	State	Zip Code	M	D	Y	Amount	
<b> </b>			11		1		

Page Total \$	275.00

<sup>\*</sup> 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)]