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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			<del>-</del>	Regis	trati	ion Num	ber, if Pa	AC
Walter Hosack							,	
Street Address	Employe	r. Occupa	ntion/Labor Organization*			-		Form (Cash, Check, etc.)
5792 Royal Lytham Ct	ŀ							Check
City	Stz	ate	Zip Code	M	٦	D	Y	Amount
Dublin	101	Н	43017	11	1	016	113	100.00
Full Name of Contributor			<u> </u>	_	trati	ion Num		
Jerry Williams								
Street Address	Employer	r, Occupa	tion/Labor Organization*					Form (Cash, Check, etc.)
6290 Belvedere Green								PayPal
City	Sta	ate	Zip Code	M		D	Y	Amount
Dublin	01	Н	43016	11	0	2 3	1 3	25.00
Full Name of Contributor				Regis	trati	on Num	ber, if P	AC .
			••					
Street Address	Employer	r Occupa	ntion/Labor Organization*					Form (Cash, Check, etc.)
			<u> </u>	_				
City	Sta	ate	Zip Code	M		D	Y	Amount
· · · · · · · · · · · · · · · · · · ·	<u> </u>					1		
Full Name of Contributor				Regis	trati	on Num	ber, if PA	AC .
Street Address	Employer	r. Occupa	ntion/Labor Organization*	_				Form (Cash. Check, etc.)
City	Sta	ate	Zip Code	M		D	Y	Amount
	<u> </u>					1	1	
Full Name of Contributor				Regis	trati	ion Num	ber, if P	AC
Street Address	Employer	r.Occupa	ation/Labor Organization*	_	_			Form (Cash, Check, etc.)
City	Sta	ite	Zip Code	М	1	D	Y	Amount
•	1		•	11		1	1	
Full Name of Contributor	<u>'</u>			Regis	trati	on Num	ber. if P/	VC .
Street Address	Employer	r. Occupa	tion/Labor Organization*					Form (Cash, Check, etc.)
	i							ì
City	Sta	ate	Zip Code	M	Ī	D	Y	Amount
				1		1		
Full Name of Contributor			_	Regis	trati	on Num	ber, if P	AC
Street Address	Templaca	· 000000	ation/Labor Organization*					Form (Cash. Check, etc.)
Street Address	tampioyer	r. Occupa	mon Labor Organization					Form (Cash, Check, etc.)
City	Sta	ste	Zip Code	М	П	D	Y	Amount
				1 1		1		ľ
Full Name of Contributor	-			Regis	trati	ion Num	ber, if Pa	AC
Street Address	Emeler	r Occur	ation/Labor Organization*					Form (Cash, Check, etc.)
Succi Addicss	Enthioyer	Occupa	nion cappi Organization					i Gim (Cash, Check, etc.)
City	Sta	ate	Zip Code	М	$\neg$	D	Y	Amount
				1	-	1	1	

125.00		Page Total \$	125.00
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<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)]