

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin							
Full Name of Contributor Mark Mace					Registration Number, if PAC		
Street Address 6469 Green Stone Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43016	M 0 9	D 1 8	Y 1 3	Amount 50.00	
Full Name of Contributor Abby Walter					Registration Number, if PAC		
Street Address 23 Elliot St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Athens	State O H	Zip Code 45701	M 0 9	D 1 6	Y 1 3	Amount 50.00	
Full Name of Contributor David Grimm					Registration Number, if PAC		
Street Address 8148 Grafton End		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43016	M 0 9	D 0 9	Y 1 3	Amount 100.00	
Full Name of Contributor Michelle Cutie					Registration Number, if PAC		
Street Address 2013 Charmingfare St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State O H	Zip Code 43228	M 0 9	D 0 4	Y 1 3	Amount 75.00	
Full Name of Contributor Kristine Westerheide					Registration Number, if PAC		
Street Address 8454 Dunisnane Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43017	M 0 8	D 2 8	Y 1 3	Amount 150.00	
Full Name of Contributor Jodi Rhodes					Registration Number, if PAC		
Street Address 6475 Green Stone Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43016	M 0 8	D 2 8	Y 1 3	Amount 50.00	
Full Name of Contributor Mark Hildebrand					Registration Number, if PAC		
Street Address 5927 Berkshire Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43017	M 0 8	D 1 3	Y 1 3	Amount 25.00	
Full Name of Contributor Kelli Kerns					Registration Number, if PAC		
Street Address 7405 Whirlaway Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Powell	State O H	Zip Code 43065	M 0 8	D 1 3	Y 1 3	Amount 25.00	

* 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 \$ **525.00**