| Page 2 |
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| |

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | _ | | | |
|---------------------------------|---|---|----------|-----------------------------|----------------|--------------------------------|--|--|
| Name of Committee in Fi | | | | | | | _ | |
| Walter4Dublin | | | 10 : | 7 | | | | |
| | | | | Registration Number, if PAC | | | | |
| Lekha Shah | T | | <u> </u> | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check | • | |
| 6268 Bellow Valley | | | | | | Credit Card | | |
| City | State | Zip Code | M | Ð | Y | Amount | | |
| Dublin | OH | 43016 | 0 7 | 2 4 | 1 5 | 2 | 50.00 | |
| Full Name of Contributor | | | Registra | ation Nur | nber, if F | PAC | | |
| Dominque A Brunet | | | L | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check | i, etc.) | |
| 6816 Enfield Trace | | | | | | Credit Card | | |
| City | State | Zip Code | М | D | Υ | Amount | | |
| Dublin | O H | 43017 | 017 | 216 | 115 | | 25.00 | |
| Full Name of Contributor | • | | | ation Nur | | AC | | |
| John Hardt | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check | | | | |
| 7070 Gorden Farms Pkwv | | | | | | Creidt Card | | |
| City | State | Zip Code | М | D | Υ | Amount | | |
| Dublin | ОІН | 43017 | 1017 | 2 6 | 1 5 | 2 | 50.00 | |
| Full Name of Contributor | 101 | 10017 | | ation Nur | | | 50.00 | |
| Nancy R Gernstetter | | | 1 | | • | | | |
| Street Address | Employer/Occur | pation/Labor Organization* | | | | Form (Cash, Check | c. etc.) | |
| 4689 Donegal Cliffs Dr | | | | Credit C | | | | |
| City | State | Zip Code | Тм | Б | Ÿ | Amount | <u>u</u> | |
| Dublin | OIH | 43017 | | 217 | | | 50.00 | |
| Full Name of Contributor | 1012 | 43017 | | ation Nur | | | 50.00 | |
| Kelly Ackert | | | , region | 30011101 | | | | |
| Street Address | Employer/Occur | pation/Labor Organization* | | - | | Form (Cash, Check | etr) | |
| | Zinpoyenowa, | REGISTEDOS CIGENIZATION | | | | Credit Car | - | |
| 8597 Finlarig Drive | State | Zip Code | I M | D | Ÿ | Amount | <u>u</u> | |
| • | OH | 43017 | 017 | _ | 1 5 | | 50.00 | |
| Dublin Full Name of Contributor | <u> U 11</u> | 43017 | | _ | _ | | 50.00 | |
| , | | | | | | | | |
| Betty Blumenauer Street Address | Employer/Occupation/Labor Organization* | | | | | Form /Cach, Charl | c oto 1 | |
| | Енфюуелоссиранопусавог отданізаноп | | | | | Form (Cash, Check, etc.) Check | | |
| 6004 Kirkwall Ct. | Charle | Zip Code | Тм | D | Y | Amount | | |
| City | State O I H | 1 ' | | l | 115 | | 20.00 | |
| Dublin | 0 H | 43017 | 0 7 | | | | 20.00 | |
| Full Name of Contributor | | | rregisaa | ation Nur | noer, a r | AC | | |
| Tim Spencer | le i m. | | | | | Form (Cash, Check | | |
| Street Address | Employer/Occupation/Labor Organization* | | | | | = | | |
| 8094 Holvrood Court | | I | 1 | 1 5 | | Credit Car | a | |
| City | State | Zip Code | M | D | Y | Amount | 75.00 | |
| Dublin | OIH | 43017 | 0 7 | | 1 5 | | 75.00 | |
| Full Name of Contributor | | | Registra | ation Nu | mber, if F | AU | | |
| John Wirchanski | | | | | | G (O- · · · · · · | | |
| Street Address | Employer/Occur | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| 160 Franklin St | | | 7 | 1 - | 1 | Credit Car | <u>a </u> | |
| City | State | Zip Code | M . | D | Y | Amount | | |
| Dublin | O H | 43017 | [0]7 | 2 9 | <u> 1 5</u> | | 50.00 | |

Page Total \$ 970.00

^{*} 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)]