

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin							
Full Name of Contributor Lekha Shah					Registration Number, if PAC		
Street Address 6268 Bellow Valley		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 0	D 7	Y 2	Amount 250.00	
Full Name of Contributor Dominique A Brunet					Registration Number, if PAC		
Street Address 6816 Enfield Trace		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 2	Amount 25.00	
Full Name of Contributor John Hardt					Registration Number, if PAC		
Street Address 7070 Gorden Farms Pkwy		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 2	Amount 250.00	
Full Name of Contributor Nancy R Gernstetter					Registration Number, if PAC		
Street Address 4689 Donegal Cliffs Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 2	Amount 50.00	
Full Name of Contributor Kelly Ackert					Registration Number, if PAC		
Street Address 8597 Finlarig Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 2	Amount 50.00	
Full Name of Contributor Betty Blumenauer					Registration Number, if PAC		
Street Address 6004 Kirkwall Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 2	Amount 20.00	
Full Name of Contributor Tim Spencer					Registration Number, if PAC		
Street Address 8094 Holyrood Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 2	Amount 75.00	
Full Name of Contributor John Wurchanski					Registration Number, if PAC		
Street Address 160 Franklin Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 2	Amount 250.00	

* 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)]