

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin							
Full Name of Contributor Thomas Hickey					Registration Number, if PAC		
Street Address 8692 Tartan Fields Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 50.00	
Full Name of Contributor Rich Taylor					Registration Number, if PAC		
Street Address 4500 Belair Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 250.00	
Full Name of Contributor Jill Thomas					Registration Number, if PAC		
Street Address 3173 Martin Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 25.00	
Full Name of Contributor Jodi Rhodes					Registration Number, if PAC		
Street Address 6475 Green Stone Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 0	D 7	Y 3	Amount 50.00	
Full Name of Contributor Paul Swift					Registration Number, if PAC		
Street Address 6181 Memorial Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0	D 8	Y 0	Amount 100.00	
Full Name of Contributor Robert Boich					Registration Number, if PAC		
Street Address 7590 Bellaire Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0	D 8	Y 0	Amount 150.00	
Full Name of Contributor Julie Stoddard Smith					Registration Number, if PAC		
Street Address 6258 Memorial Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0	D 8	Y 0	Amount 50.00	
Full Name of Contributor Marilyn Economou					Registration Number, if PAC		
Street Address 5766 Loch Maree Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 8	Y 1	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)]