Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					-
Walter4Dublin					
full Name of Contributor			Registration Number, if PAC		
Thomas Hickey					
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)
8692 Tartan Fields Dr.					Credit Card
City	State	Zip Code	M D	Y	Amount
Dublin	О Н	43017	0 7 3 0	1115	50.00
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Num	_	
Rich Taylor			1		
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)
4500 Belair Ave		•			Check
City	State	Zip Code	М D	ΙΥ	Amount
Dublin	OIH	43017	017 310	115	250.00
Full Name of Contributor	101	15017	Registration Num		
Jill Thomas				,	
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)
3173 Martin Road	rampioyen Occupanion ranon Organization			Credit Card	
City	State	Zip Code	M D	ΤΥ	Amount
Dublin	OIH	43017	0 7 3 1	115	25.00
Full Name of Contributor		43017	Registration Num		
			Registration Nuti	ioca, ii FA	C
Jodi Rhodes Street Address	Employer/Oomin	ation/Labor Occanization*			Form (Cash, Check, etc.)
	Employer/Occupation/Labor Organization*				
6475 Green Stone Loop	C	Zip Code	lu l D	l v	Credit Card
City	State	·	M D	Y	Amount
Dublin Full Name of Contributor	O H	43016	0 7 3 1		50.00
			Registration Nun	iber, if PA	C
Paul Swift	In 1 10				
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)
6181 Memorial Dr		T			Credit Card
City	State	Zip Code	M D	Y - 1 -	Amount
Dublin	O H	43017	0 8 0 4	1 5	100.00
Full Name of Contributor			Registration Num	iber, if PA	С
Robert Boich	<u> </u>				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
7590 Bellaire Ave		T		· · · · · ·	Credit Card
City	State	Zip Code	M D		Amount # 70.00
Dublin	OlH	43017	018 014		
Full Name of Contributor			Registration Nun	iber, if PA	c
Julie Stoddard Smith					
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)
6258 Memorial Drive				,	Credit Card
City	State	Zip Code	M D	Y	Amount
Dublin	O H	43017		1 5	
Full Name of Contributor			Registration Nun	iber, if PA	.c
Marilyn Economou					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
5766 Loch Maree Ct					Check
City	State	Zip Code	M D	Y	Amount
Dublin	O H	43017	0 8 1 0	1 5	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 \$	700.00