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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full			••					
Walter4Dublin								i
Full Name of Contributor		•	<del></del>	Registra	tion Num	iber, if PA	ıC .	
Barbara Kadunc								
Street Address	Employer/0	Оссира	tion/Labor Organization*	•			Form (Cash, Che	ck, etc.)
PO Box 1226							Check	
City	State	;	Zip Code	М	D	Y	Amount	
Dublin	01	Н	43017	016	216	115		75.00
Full Name of Contributor						iber, if PA	iC .	
Christina Heinlen								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
6440 Green Stone Loop				Credit Card				
City	State	,	Zip Code	М	D	Y	Amount	
Dublin	0 [	H	43016	0 7	2 2	1 5		100.00
Full Name of Contributor	,			Registra	tion Num	iber, if PA	·C	
Lisa Judson	_							
Street Address	Employer/C	Эссира	tion/Labor Organization*				Form (Cash, Check, etc.)	
8018 Summerhouse Dr. W	<u> </u>						Credit Card	
City	State		Zip Code	M	D	Ÿ	Amount	
Dublin	0	Н	43016	0 7	2 2		<u>L</u>	100.00
Full Name of Contributor				.Registra	tion Num	ber, if PA	.c	
Peter L Coratola Sr.	·							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Che	ck, etc.)			
8330 Strasbourg Ct	ļ				_		Check	
City	State		Zip Code	M	D	Y	Amount	220.00
Dublin Full Name of Contributor	101	Н	43017	0 7	210			250.00
				Registral	tion Num	ber, if PA	.C	
Nicoletta Leib Street Address	[c1	<b></b>	ing also O				ls (0   0	
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
8564 Crail Ct City	State		Zip Code	М	D	ΙÝ	Check	
Dublin	1	Н	43017	017	1 2		Allikaliit	100.00
Full Name of Contributor	101		45017			ber, if PA		100.00
Howard Baulch				regiona	100 (100	oci, ii i n	_	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck etc.)	
6168 Inverurie Dr E	and the second s					Credit Card		
City	State	: 1	Zip Code	М	D	ΙY	Amount	aru
Dublin	01	Н	43017	017	2 3	1 5		250.00
Full Name of Contributor	1 - :		1001			ber, if PA		250.00
Mark Mace								ļ
Street Address	Employer/C	Эссиран	tion/Labor Organization*				Form (Cash, Che	ck, etc.)
6469 Greenstone Loop	]						Credit C	ard
City	State	:	Zip Code	М	D	Y	Amount	
Dublin	01	H	43016	0 7	2   4	1 5		75.00
Full Name of Contributor Registration Number, if PAC								
Summit Shah								
Street Address	Employer/Occupation/Labor Organization* Fo			Form (Cash, Check, etc.)				
6268 Bellow Valley				Credit Card				
City	State		Zip Code	М	D	Y	Amount	
Dublin	101	H_	43016	0 7	2 4	1 5		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)]

Page Total \$	1,200.00