

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin									
Full Name of Contributor Abby Walter						Registration Number, if PAC			
Street Address 6289 Ross Bend			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43016	M 0 7	D 0 2	Y 1 1	Amount 10.00			
Full Name of Contributor Sharon Yaple						Registration Number, if PAC			
Street Address 8856 Sunart Court North			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 7	D 0 2	Y 1 1	Amount 100.00			
Full Name of Contributor Jodi Rhodes						Registration Number, if PAC			
Street Address 6475 Green Stone Loop			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43016	M 0 7	D 0 6	Y 1 1	Amount 50.00			
Full Name of Contributor Jeffrey Hoffman						Registration Number, if PAC			
Street Address 8121 Summerhouse Drive West			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 7	D 1 1	Y 1 1	Amount 50.00			
Full Name of Contributor Maximus Weikel						Registration Number, if PAC			
Street Address 234 Smithtown Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal		
City Pipersville	State P A	Zip Code 18947	M 0 7	D 1 3	Y 1 1	Amount 0.01			
Full Name of Contributor Sean Ramsey						Registration Number, if PAC			
Street Address 4331 Lyon Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43220	M 0 8	D 0 2	Y 1 1	Amount 250.00			
Full Name of Contributor Gregory Smith						Registration Number, if PAC			
Street Address 6457 Green Stone Loop			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 8	D 0 5	Y 1 1	Amount 150.00			
Full Name of Contributor Kevin P. Walter						Registration Number, if PAC			
Street Address 6289 Ross Bend			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal		
City Dublin	State O H	Zip Code 43016	M 0 8	D 1 0	Y 1 1	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)]