

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Fi Walter4Dublin							
Full Name of Contributor Barbara Kadunc					Registration Number, if PAC		
Street Address PO Box 1226		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 6	D 2 6	Y 1 5	Amount 75.00	
Full Name of Contributor Christina Heinlen					Registration Number, if PAC		
Street Address 6440 Green Stone Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 0 7	D 2 2	Y 1 5	Amount 100.00	
Full Name of Contributor Lisa Judson					Registration Number, if PAC		
Street Address 8018 Summerhouse Dr. W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 0 7	D 2 2	Y 1 5	Amount 100.00	
Full Name of Contributor Peter L Coratola Sr.					Registration Number, if PAC		
Street Address 8330 Strasbourg Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 7	D 2 0	Y 1 5	Amount 250.00	
Full Name of Contributor Nicoletta Leib					Registration Number, if PAC		
Street Address 8564 Crail Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 7	D 1 2	Y 1 5	Amount 100.00	
Full Name of Contributor Howard Baulch					Registration Number, if PAC		
Street Address 6168 Inverurie Dr E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0 7	D 2 3	Y 1 5	Amount 250.00	
Full Name of Contributor Mark Mace					Registration Number, if PAC		
Street Address 6469 Greenstone Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 0 7	D 2 4	Y 1 5	Amount 75.00	
Full Name of Contributor Summit 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 7	D 2 4	Y 1 5	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)]

Page Total \$ 1,200.00