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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

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Name of Committee in Fi								
Walter4Dublin								
Full Name of Contributor				Registration Number, if PAC				
Tom Holton								
Street Address	Employer/Occu	pation/Labor Organiz	ation*			Form (Cash, Check, etc.)		
5957 Roundstone Pl						Check		
City	State	Zip Code	М	D	Y	Amount		
Dublin	O   H	43016	1110	1 6	115	75.00		
Full Name of Contributor						PAC		
Terrance Strominger								
Street Address	Employer/Occu	pation/Labor Organiz	ation*			Form (Cash, Check, etc.)		
8060 Lombard Wav	,					Credit Card		
City	State	Zip Code	М	D	ΙΥ	Amount		
Dublin	OIH	43016	1111	1	1 5	25.00		
	1011	45010						
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occu	pation/Labor Organiz	ration*	Form (Cash, Check, etc.)				
5455.7 B41535		Zimpoyer/occapation East Organization						
City	State	Zip Code	М	D	Y	Amount		
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Full Name of Contributor		1	Regist	ration Nu	mber, if F	PAC		
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Street Address Employer/Occupation/Labor Organization* Form (Cash, Che								
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City	State	Zip Code		Τъ	ΙΥ	Amount		
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Full Name of Contributor	<u>l . !</u>		Regist	ration Nu	mber if F	PAC		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
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City	State	Zip Code	Гм	Œ	Y	Amount		
City	1	Zip code			Li	, and an		
S. H. N of Co-still to a			Posies	ration Nu	mbor if i			
Full Name of Contributor Registration Number, if PAC								
Street Address Employer/Occupation/Labor Organization* Form (Cash, Che								
Sileet Audiess		Employer/occupation/Cigarizzacii/				(333.) 5,		
	State	Zip Code	М	D	ΙΥ	Amount		
City	32.6	Zip Code	"	l ĭ	1 1	rancan		
			Pagigi	rotion No	mbor if I	BAC		
Full Name of Contributor					Registration Number, if PAC			
Secret Address	[Employer/Dec	enational abov Omani	ration*			Form (Cash, Check, etc.)		
Street Address Employer/Occupation/Labor Organization*						Tomi (Cost, Cicc, Cic.)		
		Tarroca	- 1 14	Τρ	Y	Amount		
City	State	Zip Code	M	1 7	1 '.	Allount		
			-	1 1	1 1			
Full Name of Contributor Registration Number, if P.						PAC		
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
Street Address Employer/Occupation/Labor Organization*								
	Stat-	Zin Code	М	D	ΙΥ	Amount		
City	State	Zip Code	m'	1 1	1 1	- Wilder		
1				1	1 !	I		

Page Total \$ 100.00

<sup>\*</sup> 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)]