

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin									
Full Name of Contributor James Moore						Registration Number, if PAC			
Street Address 6001 Tain Drive, Suite 105				Employer/Occupation/Labor Organization* International Engineering Group LLC				Form (Cash, Check, etc.) Check	
City Dublin		State O H		Zip Code 43017		M 0 9		D 2 8	
						Y 1 1		Amount 100.00	
Full Name of Contributor Carlos Hernandez						Registration Number, if PAC			
Street Address 8084 Summerhouse Drive East				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal	
City Dublin		State O H		Zip Code 43016		M 0 9		D 3 0	
						Y 1 1		Amount 100.00	
Full Name of Contributor Warren Fishman						Registration Number, if PAC			
Street Address 8577 Turnberry Ct				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State O H		Zip Code 43017		M 1 0		D 0 2	
						Y 1 1		Amount 100.00	
Full Name of Contributor Kimberly Hull						Registration Number, if PAC			
Street Address 8154 Summerhouse Dr. W				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State O H		Zip Code 43016		M 1 0		D 0 2	
						Y 1 1		Amount 50.00	
Full Name of Contributor Julia Soehner						Registration Number, if PAC			
Street Address 8063 Alimoore Green				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State O H		Zip Code 43016		M 1 0		D 0 2	
						Y 1 1		Amount 125.00	
Full Name of Contributor Richard Taylor						Registration Number, if PAC			
Street Address 4500 Bellaire Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State O H		Zip Code 43016		M 1 0		D 0 2	
						Y 1 1		Amount 100.00	
Full Name of Contributor Michelle Thomas						Registration Number, if PAC			
Street Address 6321 Ross Bend				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State O H		Zip Code 43016		M 1 0		D 0 2	
						Y 1 1		Amount 100.00	
Full Name of Contributor Kristine Westerheide						Registration Number, if PAC			
Street Address 6177 Balmoral Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) PayPal	
City Dublin		State O H		Zip Code 43017		M 1 0		D 0 3	
						Y 1 1		Amount 100.00	

* 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)]