Page	<u>2</u>	

## **Statement of Contributions Received**

Prescribed by Secretary of State 3:05

		ereally of State 5.05				
Name of Committee in Full	-					
Walter4Dublin						
Full Name of Contributor			Registra	ation Nun	aber, if PA	AC
Walter Hosack						
Street Address	Employer, Occup	ation/Labor Organization*			-	Form (Cash, Check, etc.)
5792 Royal Lytham Ct						Check
City	State	Zip Code	M	D	Y	Amount
<u>Du</u> blin	OH	43017	111	016	113	100.00
Full Name of Contributor	-		Registra		iber, if PA	
<u>Jerry Williams</u>						
Street Address	Employer Occup	ation/Labor Organization*	•			Form (Cash, Check, etc.)
6290 Belvedere Green	1					PayPal
City	State	Zip Code	M	D	Y	Amount
Dublin	OIH	43016	110	213	113	25.00
Full Name of Contributor		1			ber, if PA	<u> </u>
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
	] ' ' '	· ·				
City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor	<u> </u>	<u> </u>	Registra	tion Num	ber, if PA	С.
			1.02.00.0			
Street Address	Employer Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
	and in the state of	and Labor Organization				om (casi, cheek, etc.)
City	State	Zip Code	T M	l D	ΙΥ	Amount
•	1	Lip code	1",	1 1	Ι'n	Allouit
Full Name of Contributor	<u> </u>		Darietro	tion Num	ber. if PA	
			Registra	nion Nun	wei. II FA	
Street Address	Employer Occup	ation/Labor Organization*				Form (Cock Charle and)
Sections	Епрюует Оссар	ation Labor Organization				Form (Cash, Check, etc.)
City	State	Ti- C-4	Т.	Ln	1 2	
City	State	Zip Code	M	D i	Y	Amount
Full Name of Contributor	1		D-i-t-	<u>                                     </u>	1	
Tun Name of Conditions			Registra	non Num	ber. if PA	ı.
Street Address	Employee Occur		<u> </u>			F (0 1 0 1 )
Succe Admess	Employer Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
City	State	7:- C-4-	T ;;		1	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	<u> </u>		In to	<u>                                     </u>	1 :00:	
run Name of Contributor			Registra	tion Num	ber, if PA	C
C A 24	I					I=
Street Address	Employer Occup	ation/Labor Organization*			i	Form (Cash, Check, etc.)
0.		I				
City	State	Zip Code	M.	D ,	Y	Amount
			<del>   </del>	<u> </u>		
Full Name of Contributor			Registra	tion Num	ber, if PA	С
	1		1			
Street Address	Employer Occupation Labor Organization*				Form (Cash. Check. etc.)	
City.	State	Zip Code	M.	D	Y	Amount
			<u>[                                    </u>			

Page Tota	1 S	125.00

<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)]