

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin				
Full Name of Contributor Jennifer S. Smith	Employer, Occupation, Labor Organization * Homemaker	Registration Number, if PAC		
Street Address 6426 Red Stone Loop	Description of Item or Service Food for Event	M 0	D 9	Fair Market Value 16.77
City Dublin	State OH	Y 1	Zip Code 43016	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Kevin P. Walter	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 6289 Ross Bend	Description of Item or Service Food for Event	M 1	D 0	Fair Market Value 221.59
City Dublin	State OH	Y 1	Zip Code 43016	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Jennifer S. Smith	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 6426 Red Stone Loop	Description of Item or Service Food for Event	M 1	D 0	Fair Market Value 21.34
City Dublin	State OH	Y 3	Zip Code 43016	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]