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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Walter4Dublin				
Full Name of Contributor	T= ***	:		
	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Jennifer S. Smith	Homeinaker			
Street Address	Description of Item or Service		M D Y Fair Market Value	
6426 Red Stone Loop	Food for Event		0 9 2 8 1 1 1 16.77	
City	State	Zip Code	Received at Fundraising Event?	
Dublin	$O \mid H$	43016	✓ YES NO	
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC	
Kevin P. Walter				
Street Address	Description of Item or Service		M D Y Fair Market Value	
6289 Ross Bend	Food for Event		1 0 0 1 1 1 221.59	
City	State	Zip Code	Received at Fundraising Event?	
Dublin	O H	43016	YES NO	
Full Name of Contributor	11	pation, Labor Organization *	Registration Number, if PAC	
Iennifer S. Smith	Homemaker		, , , , , , , , , , , , , , , , , , , ,	
Street Address	Description of Ite		M D Y Fair Market Value	
6426 Red Stone Loop		od for Event	1 0 0 3 1 1 21.34	
City	State	Zip Code	Received at Fundraising Event?	
Dublin	O H	43016	YES NO	
Full Name of Contributor				
an value of Contitodio	Employer, Occup	pation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service			
Sireet Address	Description of ite	em or Service	M D Y Fair Market Value	
		1		
City	State	Zip Code	Received at Fundraising Event?	
			YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Ite	em or Service	M D Y Fair Market Value	
City	State	Zip Code	Received at Fundraising Event?	
			YES NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Ite	em or Service	M D Y Fair Market Value	
	1	:		
City	State	Zip Code	Received at Fundraising Event?	
			YES NO	
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Ite	em or Service	M D Y Fair Market Value	
	- seasoption of he			
City	State	Zip Code	Received at Fundraising Event?	
**·',	J State	Eip Code	YES NO	
Full Name of Contributor	Employer Ocean	pation, Labor Organization *	Registration Number, if PAC	
an raine of Contributor	Linpioyer, Occup	Adon, Labor Organization *	Registration Number, it PAC	
Street Address	Description of Item or Service		V Printer Value	
One Auticas	Description of Re	on or service	M D Y Fair Market Value	
Ch.				
City	State	Zip Code	Received at Fundraising Event?	
<u></u>			YES NO	

Page Total \$ 259.70

^{*} 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)]