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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		<u> </u>					
Name of Committee in Full							-
Walter4Dublin							
Full Name of Contributor			Registrat	ion Numl	per, if PA	C	
Barbara Kadunc							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	ock, etc.)
PO Box 1226						Check	
City	State	Zip Code	М	D	Y	Amount	
Dublin	O H	43017	016	2 6	1 5		75.00
Full Name of Contributor			Registrat	ion Numl	ber, if PA	.C	
Christina Heinlen							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
6440 Green Stone Loop					:	Credit C	Card
City	State	Zip Code	М	D	Y	Amount	
Dublin	ОІН	43016	017	2 2	1 5	1	100.00
Full Name of Contributor				ion Numl		c	
Lisa Judson							
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Ch	eck, etc.)
8018 Summerhouse Dr. W						Credit (Card
City	State	Zip Code	М	D	Y	Amount	
Dublin	ОІН	43016	017	212	1 5	ŀ	100.00
Full Name of Contributor	1 0 !	10010		ion Numl		c	200.00
Peter L Coratola Sr.					•		
Street Address	Employer/Occur	nation/Labor Organization*		-		Form (Cash, Ch	eck, etc.)
8330 Strasbourg Ct	' '					Check	
City	State	Zip Code	М	D	Y	Amount	
Dublin	OIH	43017	017	210	1 5		250.00
Full Name of Contributor		10017		ion Numi		C	200.00
Nicoletta Leib			ľ		•		
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)
8564 Crail Ct	[,,					Check	, ,
City	State	Zip Code	М	D	Y	Amount	
Dublin	ОТН	43017	017	1 2	1 5		100.00
Full Name of Contributor	101	10017		tion Num		VC	100.00
Howard Baulch					,		
Street Address	Employer/Occur	pation/Labor Organization*		-		Form (Cash, Ch	eck, etc.)
6168 Inverurie Dr E]	annoyal occupancy of parameters				Credit Card	
City	State	Zip Code	М	D	Y	Amount	- Lui G
Dublin	OTH	43017		2 3			250.00
Full Name of Contributor	1013	15017		tion Num			200.00
					•		
Mark Mace Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
	Lampicy Co-Companion Confidence					Credit (
6469 Greenstone Loop	State	Zip Code	М	D	Y	Amount	<u></u>
City	OH	43016	017	1	1 5		75.00
Dublin Full Name of Contributor	1011	45010		tion Num			79.00
					, ·· · /	-	•
Summit Shah	Frankrise/Own	nation/Lahor Organization*			_	Form (Cash, Cl	reck_etc.)
Street Address	Employer/Occupation/Labor Organization*			Credit Card			
6268 Bellow Valley	State	Zip Code	М	D	Y	Amount	-aiu
City .				2 4	1	1	250.00
_Dublin	OlH	<u> 43010</u>	1017	1414	1113		250.00

* 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)]

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Page Total	S	1,200.00