

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin							
Full Name of Contributor Mark Mace						Registration Number, if PAC	
Street Address 6469 Green Stone Loop			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Dublin	State O H	Zip Code 43016	M 0 9	D 1 8	Y 1 3	Amount 50.00	
Full Name of Contributor Abby Walter						Registration Number, if PAC	
Street Address 23 Elliot St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Athens	State O H	Zip Code 45701	M 0 9	D 1 6	Y 1 3	Amount 50.00	
Full Name of Contributor David Grimm						Registration Number, if PAC	
Street Address 8148 Grafton End			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Dublin	State O H	Zip Code 43016	M 0 9	D 0 9	Y 1 3	Amount 100.00	
Full Name of Contributor Michelle Cutie						Registration Number, if PAC	
Street Address 2013 Charmingfare St			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Columbus	State O H	Zip Code 43228	M 0 9	D 0 4	Y 1 3	Amount 75.00	
Full Name of Contributor Kristine Westerheide						Registration Number, if PAC	
Street Address 8454 Dunisnane Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Dublin	State O H	Zip Code 43017	M 0 8	D 2 8	Y 1 3	Amount 150.00	
Full Name of Contributor Jodi Rhodes						Registration Number, if PAC	
Street Address 6475 Green Stone Loop			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Dublin	State O H	Zip Code 43016	M 0 8	D 2 8	Y 1 3	Amount 50.00	
Full Name of Contributor Mark Hildebrand						Registration Number, if PAC	
Street Address 5927 Berkshire Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Dublin	State O H	Zip Code 43017	M 0 8	D 1 3	Y 1 3	Amount 25.00	
Full Name of Contributor Kelli Kerns						Registration Number, if PAC	
Street Address 7405 Whirlaway Circle			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal	
City Powell	State O H	Zip Code 43065	M 0 8	D 1 3	Y 1 3	Amount 25.00	

* 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)]