

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Friends of Kathleen Walsh</b>							
Full Name of Contributor <b>Mary Ann Walsh</b>					Registration Number, if PAC		
Street Address <b>5119 Hendron Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Groveport</b>	State <b>O   H</b>	Zip Code <b>43125</b>	M <b>1   1</b>	D <b>0   2</b>	Y <b>1   5</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Mark Walsh</b>					Registration Number, if PAC		
Street Address <b>4444 Winchester Pike</b>		Employer/Occupation/Labor Organization* <b>Self/Electrician</b>			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43232</b>	M <b>1   0</b>	D <b>1   9</b>	Y <b>1   5</b>	Amount <b>100.00</b> <del>150.00</del>	
Full Name of Contributor <b>Kathleen Walsh</b>					Registration Number, if PAC		
Street Address <b>4444 Winchester Pike</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City <b>COLUMBUS, OH</b>	State <b>O   H</b>	Zip Code <b>43232</b>	M <b>10</b>	D <b>19</b>	Y <b>15</b>	Amount <b>50.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

\* 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)]

Page Total \$ 250.00