31-A R.C. 3517.10

Page I

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	•				_	
Walter4Dublin						
Full Name of Contributor				ation Nun	iber, if PA	ic .
Terrance Strominger						
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)
8060 Lombard Way						Check
City	State	Zip Code	M	Ð	Y	Amount
Dublin	O H	43016	1 1	01	115	25.00
Full Name of Contributor			Registra	ation Num	ber, if PA	.c
Kevin Walter						
Street Address	Employer:Occu	pation/Labor Organization	n*		-	Form (Cash, Check, etc.)
6289 Ross Bend						Cash
City	State	Zip Code	М	D	Y	Amount
Dublin	OIH	43016	112	011	115	34.93
Full Name of Contributor		,			ber, if PA	
Street Address	Employer/Occu	pation/Labor Organization	n*			Form (Cash, Check, etc.)
	' '	and the state of t				
City	State	Zip Code	M	Ð	Y	Amount
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Full Name of Contributor		1	Registra	ation Nun	ber, if PA	
					,	
Street Address	Employer/Occu	pation/Labor Organization	ο*			Form (Cash, Check, etc.)
		γ	_			
City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor			Registra	stion Num	ber, if PA	
Tur Hank of Company						
Street Address	Employer/Occu	m*			Form (Cash, Check, etc.)	
		,	-			, ,
City	State	Zip Code	M	Т	ΙΥ	Amount
cuy	344	Lip Cook	"i	1	i	
Full Name of Contributor		<u> </u>	Registro	ation Num	ber, if PA	
run Name of Communi			neg.zz.			
Street Address	Employer Occes	pation/Labor Organizatio	n*		-	Form (Cash. Check, etc.)
Succe Address	Employenocce	punon cuosi Oiganauso	••			Total (Casal Caton tot.)
City	State	Zip Code	l M	T D	Y	Amount
C Ly	3426	Zip Code		Ιĭ		, moun
Full Name of Contributor			Registr	ation Num	nber, if Pa	.c
ren Name of Communor			Neg said			
	I Employer Occ	mation/Labor Organizatio	*			Form (Cash, Check, etc.)
Street Address	Ешрюуел Осес	ipation/Labor Organizatio	iki			Tom (Cash Cacca, cac.)
		Ta: 0 t	1.7	1 5	ΙΥ	
City	State	Zip Code	M	D	1 1	Amount
			D - in	1 1	iCD:	
Full Name of Contributor			Registr	ation Nun	nber, if PA	
	- la , .a					Fam (Cash Charle are)
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
		· Iar o .	1	1 ^	1 57	
City	State	Zip Code	M	D	Y	Amount
	<u> </u>		<u> </u>	1	<u> </u>	<u> </u>

Page Total S	59.93
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^{*} 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)]