

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin							
Full Name of Contributor William Bownas					Registration Number, if PAC		
Street Address 7365 Bellaire Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 8	Y 1	Amount 200.00	
Full Name of Contributor Brendan Kelly					Registration Number, if PAC		
Street Address 111 W 1st Ave, Apt 12		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Columbus	State O H	Zip Code 43201	M 0	D 8	Y 1	Amount 25.00	
Full Name of Contributor Daniel Walter					Registration Number, if PAC		
Street Address 738 Decker Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Georgia	State V T	Zip Code 05468	M 0	D 8	Y 1	Amount 50.00	
Full Name of Contributor Michelle Thomas					Registration Number, if PAC		
Street Address 6321 Ross Bend		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0	D 8	Y 1	Amount 150.00	
Full Name of Contributor Cap Clegg					Registration Number, if PAC		
Street Address 5334 McGinty Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 9	Y 1	Amount 100.00	
Full Name of Contributor Mark Dewalt					Registration Number, if PAC		
Street Address 8851 Sunart Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 9	Y 1	Amount 100.00	
Full Name of Contributor Timothy Spencer					Registration Number, if PAC		
Street Address 8094 Holyrood Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 9	Y 1	Amount 50.00	
Full Name of Contributor Charles Marlowe					Registration Number, if PAC		
Street Address 8490 Torwoodlee Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 9	Y 1	Amount 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)]

Page Total \$ 925.00