

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin						
Full Name of Contributor Terrance Strominger				Registration Number, if PAC		
Street Address 8060 Lombard Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43016	M 1 1	D 0 1	Y 1 5	Amount 25.00
Full Name of Contributor Kevin Walter				Registration Number, if PAC		
Street Address 6289 Ross Bend		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Dublin	State O H	Zip Code 43016	M 1 2	D 0 1	Y 1 5	Amount 34.93
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)]