

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Walter4Dublin												
To Whom Paid Kevin Walter							M	D	Y	Amount		
							1	2	1	1	3	613.60
Address 6289 Ross Bend				Purpose Reimbursement (Postage, Email Fees)								
City Dublin				State OH		Zip Code 43016		Check Number 1DPSP				
To Whom Paid PayPal							M	D	Y	Amount		
							1	0	3	1	3	22.83
Address 12312 Port Grace Blvd				Purpose Cumulated PayPal Fees								
City La Vista				State NE		Zip Code 68128		Check Number				
To Whom Paid Street Hop Advertising							M	D	Y	Amount		
							1	1	0	1	8	432.60
Address PO Box 752				Purpose Campaign Sign Spinning								
City Columbus				State OH		Zip Code 43068		Check Number 100999				
To Whom Paid Kevin Walter							M	D	Y	Amount		
							1	0	2	1	3	685.39
Address 6289 Ross Bend				Purpose Reimbursement (Mailer))								
City				State		Zip Code		Check Number				
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City				State		Zip Code		Check Number				
To Whom Paid							M	D	Y	Amount		
Address				Purpose								
City				State		Zip Code		Check Number				