



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Friends Of Walkey Obert</i>				
To Whom Paid <i>void</i>		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number <i>546</i>	
To Whom Paid <i>Citizens of Bishop</i>		Date (MM/DD/YYYY) <i>6-12-14</i>		Amount <i>693.34</i>
Street Address <i>2902 Broadway</i>		Purpose <i>contribution</i>		
City <i>Blacklick</i>	State OH	Zip Code <i>43004</i>	Check Number <i>547</i>	
To Whom Paid <i>OARSE AFSCME Turnaround Ohio PAC</i>		Date (MM/DD/YYYY)		Amount <i>100.00</i>
Street Address <i>6805 Oak Creek Dr</i>		Purpose <i>Returned Contribution uncashed</i>		
City <i>Cols.</i>	State OH	Zip Code <i>43229</i>	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ *793.34*