



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Walsh For Bexley			
To Whom Paid Franklin County Board of Elections		Date (MM/DD/YYYY) 07/26/2017	Amount \$30.00
Street Address 1700 Morse Rd		Purpose Filing Fee	
City Columbus	State OH	Zip Code 43229	Check Number cash
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
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