



BACKGROUND & SUMMARY INFORMATION

NAME Kevin P atrick Walter

STREET ADDRESS 6289 Ross Bend

CITY Dublin STATE OH ZIP CODE 43016

OFFICE SOUGHT Dublin City Council

NAME OF TREASURER KP Walter

TYPE OF REPORT

32 DAYS PRIOR TO ELECTION

11 DAYS PRIOR TO ELECTION

38 DAYS FOLLOWING ELECTION

Cumulative total of all contributions received,
from campaign start through current report
date

(from Statement of Contributions Received
total)

\$ 5,195

Cumulative value of all in-kind contributions received,
from campaign start through current report
date

(from Statement of In-Kind Contributions Received
total)

\$ 140.07

Cumulative total of all expenditures made,
from campaign start through current report
date

(from Statement of Expenditures
total)

\$ 5054.93

SIGNATURE

By signing below, I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful and correct disclosure of all required information.

Name: Kevin Patrick Walter

Date: 12/9/15

Signature:  _____

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin							
Full Name of Contributor Barbara Kadunc					Registration Number, if PAC		
Street Address PO Box 1226		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 6	D 2 6	Y 1 5	Amount 75.00	
Full Name of Contributor Christina Heinlen					Registration Number, if PAC		
Street Address 6440 Green Stone Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 0 7	D 2 2	Y 1 5	Amount 100.00	
Full Name of Contributor Lisa Judson					Registration Number, if PAC		
Street Address 8018 Summerhouse Dr. W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 0 7	D 2 2	Y 1 5	Amount 100.00	
Full Name of Contributor Peter L Coratola Sr.					Registration Number, if PAC		
Street Address 8330 Strasbourg Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 7	D 2 0	Y 1 5	Amount 250.00	
Full Name of Contributor Nicoletta Leib					Registration Number, if PAC		
Street Address 8564 Crail Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 7	D 1 2	Y 1 5	Amount 100.00	
Full Name of Contributor Howard Baulch					Registration Number, if PAC		
Street Address 6168 Inverurie Dr E		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0 7	D 2 3	Y 1 5	Amount 250.00	
Full Name of Contributor Mark Mace					Registration Number, if PAC		
Street Address 6469 Greenstone Loop		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 0 7	D 2 4	Y 1 5	Amount 75.00	
Full Name of Contributor Summit Shah					Registration Number, if PAC		
Street Address 6268 Bellow Valley		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 0 7	D 2 4	Y 1 5	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)]

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin							
Full Name of Contributor Lekha Shah					Registration Number, if PAC		
Street Address 6268 Bellow Valley		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 0 7	D 2 4	Y 1 5	Amount 250.00	
Full Name of Contributor Dominique A Brunet					Registration Number, if PAC		
Street Address 6816 Enfield Trace		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0 7	D 2 6	Y 1 5	Amount 25.00	
Full Name of Contributor John Hardt					Registration Number, if PAC		
Street Address 7070 Gorden Farms Pkwy		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0 7	D 2 6	Y 1 5	Amount 250.00	
Full Name of Contributor Nancy R Gernstetter					Registration Number, if PAC		
Street Address 4689 Donegal Cliffs Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0 7	D 2 7	Y 1 5	Amount 50.00	
Full Name of Contributor Kelly Ackert					Registration Number, if PAC		
Street Address 8597 Finlarig Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0 7	D 2 7	Y 1 5	Amount 50.00	
Full Name of Contributor Betty Blumenauer					Registration Number, if PAC		
Street Address 6004 Kirkwall Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 7	D 2 7	Y 1 5	Amount 20.00	
Full Name of Contributor Tim Spencer					Registration Number, if PAC		
Street Address 8094 Holyrood Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0 7	D 2 9	Y 1 5	Amount 75.00	
Full Name of Contributor John Wirchanski					Registration Number, if PAC		
Street Address 160 Franklin St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0 7	D 2 9	Y 1 5	Amount 250.00	

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin							
Full Name of Contributor Thomas Hickey					Registration Number, if PAC		
Street Address 8692 Tartan Fields Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 50.00	
Full Name of Contributor Rich Taylor					Registration Number, if PAC		
Street Address 4500 Belaire Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 250.00	
Full Name of Contributor Jill Thomas					Registration Number, if PAC		
Street Address 3173 Martin Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin	State O H	Zip Code 43017	M 0	D 7	Y 3	Amount 25.00	
Full Name of Contributor Jodi Rhodes					Registration Number, if PAC		
Street Address 6475 Green Stone Loop			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin	State O H	Zip Code 43016	M 0	D 7	Y 3	Amount 50.00	
Full Name of Contributor Paul Swift					Registration Number, if PAC		
Street Address 6181 Memorial Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin	State O H	Zip Code 43017	M 0	D 8	Y 0	Amount 100.00	
Full Name of Contributor Robert Boich					Registration Number, if PAC		
Street Address 7590 Bellaire Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin	State O H	Zip Code 43017	M 0	D 8	Y 0	Amount 150.00	
Full Name of Contributor Julie Stoddard Smith					Registration Number, if PAC		
Street Address 6258 Memorial Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card	
City Dublin	State O H	Zip Code 43017	M 0	D 8	Y 0	Amount 50.00	
Full Name of Contributor Marilyn Economou					Registration Number, if PAC		
Street Address 5766 Loch Maree Ct			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43017	M 0	D 8	Y 1	Amount 25.00	

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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 8	D 1 3	Y 1 5	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 8	D 1 4	Y 1 5	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 I	Zip Code 05468	M 0 8	D 2 2	Y 1 5	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 8	D 2 8	Y 1 5	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 9	D 0 9	Y 1 5	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 9	D 1 1	Y 1 5	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 9	D 1 1	Y 1 6	Amount 50.00	
Full Name of Contributor Charles Marlowe					Registration Number, if PAC		
Street Address 8490 Torwoodle Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0 9	D 1 1	Y 1 5	Amount 250.00	

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin							
Full Name of Contributor Suhail Zidan					Registration Number, if PAC		
Street Address 6296 Ross Bend		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 9	Y 1 1 1 5	Amount 250.00	
Full Name of Contributor Pat Grabill					Registration Number, if PAC		
Street Address 2970 Arbuckle Rd. NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City London	State O H	Zip Code 43140	M 0	D 9	Y 1 4 1 5	Amount 250.00	
Full Name of Contributor Scott Wood					Registration Number, if PAC		
Street Address 34 Pepperbush Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Amston	State C I	Zip Code 06231	M 0	D 9	Y 2 5 1 5	Amount 250.00	
Full Name of Contributor Julie Helmreich					Registration Number, if PAC		
Street Address 6600 Deeside Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 0	D 9	Y 2 5 1 5	Amount 100.00	
Full Name of Contributor David Monte					Registration Number, if PAC		
Street Address 8880 Lea Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 1	D 0	Y 0 8 1 5	Amount 100.00	
Full Name of Contributor Donna O'Connor					Registration Number, if PAC		
Street Address 5065 Winchell Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 1	D 0	Y 0 8 1 5	Amount 100.00	
Full Name of Contributor David Gonzalez					Registration Number, if PAC		
Street Address 8440 Arbory Hill Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43017	M 1	D 0	Y 0 8 1 5	Amount 150.00	
Full Name of Contributor David Grimm					Registration Number, if PAC		
Street Address 8148 Grafton End		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 1	D 0	Y 1 8 1 5	Amount 100.00	

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Walter4Dublin							
Full Name of Contributor Tom Holton					Registration Number, if PAC		
Street Address 5957 Roundstone Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 1	D 0	Y 1	Amount 75.00	
Full Name of Contributor Terrance Strominger					Registration Number, if PAC		
Street Address 8060 Lombard Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Credit Card		
City Dublin	State O H	Zip Code 43016	M 1	D 1	Y 0	Amount 25.00	
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	
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	

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Statement of In-Kind Contributions Received

Name of Candidate or Campaign Committee in Full Walle, F Walle, F 40 uiollia			
Full Name of Contributor Kevin Walle, F		Street Address Continued	Registration Number, if PAC
Street Address 6289 Ross Bend		Description of Item or Service Food	M D Y F Value 0 7 2 0 1 5 \$140.07
City uiollia		State Zip Code O H 43016	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Street Address Continued	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Street Address Continued	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Street Address Continued	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Street Address Continued	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Street Address Continued	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Street Address Continued	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Street Address Continued	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Walter4Dublin							
To Whom Paid Stripe				M	D	Y	Amount
				1	0	1	85.65
Address 3180 18th St		Purpose Credit Card Processing Fees					
City San Francisco	State C	A	Zip Code 94110	Check Number Stripe Fee			
To Whom Paid BMI FCU				M	D	Y	Amount
				0	8	1	3.00
Address 6165 Emerald Pkwy		Purpose Cahsiers Check Fee					
City Dublin	State O	H	Zip Code 43016	Check Number			
To Whom Paid Dublin Scioto Touchdown Club				M	D	Y	Amount
				0	8	1	400.00
Address 6556 Birchton		Purpose Football Program Advertising					
City Dublin	State O	H	Zip Code 43016	Check Number 244730			
To Whom Paid GoDaddy				M	D	Y	Amount
				0	4	0	25.36
Address 14455 N Hayden Rd		Purpose Domain Services					
City Scottsdale	State A	Z	Zip Code 85260	Check Number PayPal			
To Whom Paid GoDaddy				M	D	Y	Amount
				0	7	2	13.01
Address 14455 N Hayden Rd		Purpose Domain Services					
City Scottsdale	State A	Z	Zip Code 85260	Check Number PayPal			
To Whom Paid GoDaddy				M	D	Y	Amount
				0	7	3	52.68
Address 14455 N Hayden Rd		Purpose Domain Services					
City Scottsdale	State A	Z	Zip Code 85260	Check Number PayPal			
To Whom Paid GoDaddy				M	D	Y	Amount
				0	8	1	13.17
Address 14455 N Hayden Rd		Purpose Domain Services					
City Scottsdale	State A	Z	Zip Code 85260	Check Number PayPal			
To Whom Paid Jason Marshall				M	D	Y	Amount
				0	7	2	250.00
Address 3574 Whisper Creek Dr		Purpose Website Hosting and Admin Services					
City Columbus	State O	H	Zip Code 43231	Check Number PayPal			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Walter4Dublin							
To Whom Paid Constant Contact				M	D	Y	Amount
				0	7	2 8 1 5	81.13
Address 1601 Trapelo Rd		Purpose Email Marketing					
City Waltham		State M A	Zip Code 02451	Check Number PayPal			
To Whom Paid Integrated Marketing Solutions				M	D	Y	Amount
				1	0	1 4 1 5	3,228.73
Address 55 S High St		Purpose Campaign Collateral Materials					
City Dublin		State O H	Zip Code 43017	Check Number 247515			
To Whom Paid BMI FCU				M	D	Y	Amount
				1	0	1 4 1 5	3.00
Address 6165 Emerald Parkway		Purpose Cashiers Check Fee					
City Dublin		State O H	Zip Code 43017	Check Number 247515			
To Whom Paid Stripe				M	D	Y	Amount
				1	0	1 5 1 5	12.20
Address 3180 18th St		Purpose Credit Card Processing Fees					
City San Francisco		State C A	Zip Code 94110	Check Number Stripe Fee			
To Whom Paid Integrated Marketing Solutions				M	D	Y	Amount
							867.00
Address 55 S High St		Purpose Campaign Collateral Materials					
City Dublin		State O H	Zip Code 43017	Check Number			
To Whom Paid BMI FCU				M	D	Y	Amount
				1	1	3 0 1 5	20.00
Address 6165 Emerald Parkway		Purpose Monthly Bank Fees					
City Dublin		State O H	Zip Code 43017	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			