

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Re-elect Westcamp Mayor					
Full Name of Contributor Abdullah Ansar				Registration Number, if PAC	
Street Address 4105 Williams Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Groveport	State OH	Zip Code 43125	Form (Cash, Check, etc.) cash		Amount \$60.00
Full Name of Contributor Ken Emerson				Registration Number, if PAC	
Street Address 13 Betts Dr. SW	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) cash		Amount \$30.00
Full Name of Contributor Bryan Schoonover				Registration Number, if PAC	
Street Address 5272 Victoria Ave.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Groveport	State OH	Zip Code 43125	Form (Cash, Check, etc.) cash		Amount \$30.00
Full Name of Contributor Misc. contributors of \$25 or less				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount \$170.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		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 also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$3,295.00

Total expenditures this event.

\$500.00

Page Total \$ **\$290.00**