## **Statement of Expenditures**



Prescribed by Secretary of State 2/01

| Name of Committee in Full Re-elect Westcamp Mayor |             |          |              |                     |          | -                  |
|---|-------------|----------|--------------|---------------------|----------|--------------------|
| Transfer from Form 31-F                           |             |          | м<br>0 4     | <sup>D</sup> 2 3    | Y<br>1 5 | Amount<br>\$500.00 |
| Address   | Purpose     |          |              | <u> </u>            |          | <u> </u>           |
| City  | State       | Zip Code | Check N      | umber               |          |                    |
| To Whom Paid Transfer from Form 31-F              | _           |          | 0 7          | <sup>D</sup><br>3 0 | 1 5      | Amount \$255.00    |
| Address   | Purpose     |          |              |                     |          |                    |
| City  | State       | Zip Code | Check N      | Check Number        |          |                    |
| To Whom Paid Transfer from Form 31-F              |             |          | м<br>0 9     | р<br>2 9            | 1 5      | Amount<br>\$400.00 |
| Address   | Purpose     |          | •            |                     |          |                    |
| City  | State       | Zip Code | Check N      | Check Number        |          |                    |
| To Whom Paid                                      | <u> </u>    |          | М            | D<br>·              | Y        | Amount             |
| Address   | Purpose     |          |              |                     |          |                    |
| City  | State<br>OH | Zip Code | Check Number |                     |          |                    |
| To Whom Paid                                      |             | ,        | М            | D                   | Y.       | Amount             |
| Address   | Purpose     |          |              |                     |          |                    |
| City  | State       | Zip Code | Check Number |                     |          |                    |
| To Whom Paid                                      |             |          | М            | D                   | Y        | Amount             |
| Address   | Purpose     |          |              |                     |          | -                  |
| City  | OH State    | Zip Code | Check N      | Check Number        |          |                    |
| To Whom Paid                                      | -           | •        | М            | D                   | Ϋ́       | Amount             |
| Address   | Purpose     | ·        |              |                     | 1        |                    |
| City  | State<br>OH | Zip Code | Check Number |                     |          | , N                |
| To Whom Paid                                      |             | <b>-</b> | M            | D                   | Y        | Amount             |
| Address   | Purpose     |          | l            |                     |          | ·                  |
| Cuy   | State<br>OH | Zip Code | Check N      | umber               |          |                    |