

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Re-elect Westcamp Mayor									
To Whom Paid Transfer from Form 31-F						M	D	Y	Amount
						0	4	2	\$500.00
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid Transfer from Form 31-F						M	D	Y	Amount
						0	7	3	\$255.00
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid Transfer from Form 31-F						M	D	Y	Amount
						0	9	2	\$400.00
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH	Zip Code		Check Number			