

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 Jerry Clements				Registration Number, if PAC	
Street Address 3467 London-Lancaster Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Groveport	State OH	Zip Code 43125	Amount \$25.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Patricia Storts				Registration Number, if PAC	
Street Address 8295 W. Ohio St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Lancaster	State OH	Zip Code 43130	Amount \$25.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Brad & Aimee Marburger				Registration Number, if PAC	
Street Address 170 Green Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Groveport	State OH	Zip Code 43125	Amount \$40.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Helen Price				Registration Number, if PAC	
Street Address 708 Elm Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Groveport	State OH	Zip Code 43125	Amount \$50.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Misc. contributors of \$25 or less				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City	State OH	Zip Code	Amount \$640.00	Form (Cash, Check, etc.)	
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

\$780.00

Total expenditures this event.

\$400.00

Page Total \$ **\$780.00**