

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

|                           |  |  |  |            |                         |          |  |              |  |        |  |
|---------------------------|--|--|--|------------|-------------------------|----------|--|--------------|--|--------|--|
| Name of Committee in Full |  |  |  |            | RE-Elect Westcamp Mayor |          |  |              |  |        |  |
| To Whom Paid              |  |  |  | M          |                         | D        |  | Y            |  | Amount |  |
| Birch Tavern              |  |  |  | 09         |                         | 29       |  | 15           |  | 200.00 |  |
| Address                   |  |  |  | Purpose    |                         |          |  |              |  |        |  |
| 639 Main St.              |  |  |  | Fundraiser |                         |          |  |              |  |        |  |
| City                      |  |  |  | State      |                         | Zip Code |  | Check Number |  |        |  |
| Groveport                 |  |  |  | OH         |                         | 43125    |  | 1014         |  |        |  |
| To Whom Paid              |  |  |  | M          |                         | D        |  | Y            |  | Amount |  |
| Little Italy              |  |  |  | 09         |                         | 29       |  | 15           |  | 200.00 |  |
| Address                   |  |  |  | Purpose    |                         |          |  |              |  |        |  |
| 619 MAIN ST.              |  |  |  | Fundraiser |                         |          |  |              |  |        |  |
| City                      |  |  |  | State      |                         | Zip Code |  | Check Number |  |        |  |
| Groveport                 |  |  |  | OH         |                         | 43125    |  | 1013         |  |        |  |
| 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 |  |        |  |
|                           |  |  |  |            |                         |          |  |              |  |        |  |
| 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 |  |        |  |
|                           |  |  |  |            |                         |          |  |              |  |        |  |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.