

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 Samuel Shamansky				Registration Number, if PAC	
Street Address 523 S. Third St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$500.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Catherine & James Lloyd				Registration Number, if PAC	
Street Address 129 Beaty Street	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Canal Winchester	State OH	Zip Code 43110	Amount \$50.00	Form (Cash, Check, etc.) check	
Full Name of Contributor Jeff Kreutz				Registration Number, if PAC	
Street Address 10650 Miller Ave.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Lithopolis	State OH	Zip Code 43136	Amount \$25.00	Form (Cash, Check, etc.) cash	
Full Name of Contributor Kevin Porter				Registration Number, if PAC	
Street Address 5875 London-Lancaster Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Groveport	State OH	Zip Code 43125	Amount \$25.00	Form (Cash, Check, etc.) cash	
Full Name of Contributor Jit Hedges				Registration Number, if PAC	
Street Address 191 Front St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Groveport	State OH	Zip Code 43125	Amount \$25.00	Form (Cash, Check, etc.) cash	
Full Name of Contributor Bruce Rainier				Registration Number, if PAC	
Street Address 5883 London-Lancaster Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Groveport	State OH	Zip Code 43125	Amount \$25.00	Form (Cash, Check, etc.) cash	
Full Name of Contributor Debbie Ratliff				Registration Number, if PAC	
Street Address 1311 Fair Ave.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Lancaster	State OH	Zip Code 43130	Amount \$25.00	Form (Cash, Check, etc.) cash	

* 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 \$

\$675.00