

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 Mike & Kristi Sparks				Registration Number, if PAC	
Street Address 159 Main Street	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 5
City Groveport	State OH	Zip Code 43125	Form (Cash, Check, etc.) cash		Amount \$50.00
Full Name of Contributor Marsha Hall				Registration Number, if PAC	
Street Address 8347 Dove Pkwy.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 5
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) cash		Amount \$25.00
Full Name of Contributor Shawn & Stephanie Cleary				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 5
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) cash		Amount \$50.00
Full Name of Contributor Debbie Ohler				Registration Number, if PAC	
Street Address 192 Kingsmeadow	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 5
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) cash		Amount \$25.00
Full Name of Contributor Jeff Green				Registration Number, if PAC	
Street Address 130 N. Ardmore	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 5
City Bexley	State OH	Zip Code 43009	Form (Cash, Check, etc.) cash		Amount \$25.00
Full Name of Contributor Luftman Heck & Assoc., LLP - Benjamin Luftman				Registration Number, if PAC	
Street Address 580 E. Rich St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 5
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount \$100.00
Full Name of Contributor Brent & Renee Fridley				Registration Number, if PAC	
Street Address 4810 Elmont Place	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 5
City Groveport	State OH	Zip Code 43125	Form (Cash, Check, etc.) check		Amount \$100.00

* 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 \$ **\$375.00**