

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 Cindy Johnson				Registration Number, if PAC	
Street Address 5032 Bixby 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 Terry & Lori Smith				Registration Number, if PAC	
Street Address 354 Lambert St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Groveport	State OH	Zip Code 43125	Amount \$50.00	Form (Cash, Check, etc.) cash	
Full Name of Contributor Mark Green				Registration Number, if PAC	
Street Address 282 College 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 Michelle Freeman				Registration Number, if PAC	
Street Address 3260 Williams Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Columbus	State OH	Zip Code 43207	Amount \$25.00	Form (Cash, Check, etc.) cash	
Full Name of Contributor Husch Family				Registration Number, if PAC	
Street Address 4016 Poppyseed	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Columbus	State OH	Zip Code 43207	Amount \$25.00	Form (Cash, Check, etc.) cash	
Full Name of Contributor Kathleen Peck				Registration Number, if PAC	
Street Address 1657 Epic Way	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Grove City	State OH	Zip Code 43123	Amount \$25.00	Form (Cash, Check, etc.) cash	
Full Name of Contributor Ed Dildine, Sr.				Registration Number, if PAC	
Street Address 4495 Katherine Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2
City Columbus	State OH	Zip Code 43232	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 \$

\$200.00