

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 Robert Rains				Registration Number, if PAC	
Street Address 645 Hebron Dr.		Employer/Occupation/Labor Organization*		M 0	D 4
City Groveport		State OH	Zip Code 43125	Y 2	Amount \$25.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Patty Storts				Registration Number, if PAC	
Street Address 8295 W. Ohio St.		Employer/Occupation/Labor Organization*		M 0	D 4
City Lancaster		State OH	Zip Code 43130	Y 2	Amount \$25.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Andy Lyles				Registration Number, if PAC	
Street Address P.O. Box 386		Employer/Occupation/Labor Organization*		M 0	D 4
City Groveport		State OH	Zip Code 43125	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Edward Chilcote				Registration Number, if PAC	
Street Address Frank Alley		Employer/Occupation/Labor Organization*		M 0	D 4
City Groveport		State OH	Zip Code 43125	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Bruce Hoover				Registration Number, if PAC	
Street Address 3065 Royal Dornach		Employer/Occupation/Labor Organization*		M 0	D 4
City Delaware		State OH	Zip Code 43015	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Scott Lockett				Registration Number, if PAC	
Street Address 309 Canal Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Groveport		State OH	Zip Code 43125	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Ken & Carol Braden				Registration Number, if PAC	
Street Address 379 Swase Rd.		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43232	Y 2	Amount \$50.00
				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 \$

\$500.00