

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
Shamrock Club						0	7	30	150.00
Address			Purpose						
60 W. Castle Rd			Fundraiser						
City			State	Zip Code	Check Number				
Columbus			OH	43207	1007				
To Whom Paid						M	D	Y	Amount
K&M Market						0	7	30	105.00
Address			Purpose						
4305 Lancaster Ave			Fundraiser - Food						
City			State	Zip Code	Check Number				
Obetz			OH	432	1006				
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				
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.