Event Date	4/23/15
1	
Page	

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 When Paid						
Birch TAVERN			042315	Amouni 200,00		
Address 639 MAIN S.t.	Purpose FUND					
Address 639 MAIN S.t. City Groveport	State	Zip Code 43125	Check Number CASL			
To Whom Paid Little Italy		042315	Amount 300.∞			
To Whom Paid Little Italy Address 619 MAIN St City Groveport	Purpose FUA	udraisee - Fo	od			
Groveport	State O K	Zip Code 43125	Check Number			
To Whom Paid		M D Y	Amount			
Address	Purpose					
City	Sta te	Zip Code	Check Number			
To Whom Paid	<u> </u>	<u></u>	M D Y	Àmount		
Address	Purpose					
Сііу	State	Zip Code	Check Number			
To Whom Paid	<u>L</u>	M D Y	Amount			
Address	Purpose		<u> </u>			
City	Sta te	Zip Code	Check Number			
To Whom Paid	J	<u> </u>	M D Y	Amount		
Address	Purpose		<u> </u>			
City	Sta te	Zip Code	Check Number			
To Whom Paid			M D Y	Amount		
Address	Purpose		1 ! 1 . i . k . i	 		
City	Sta te	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.

