

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 Hartman			Registration Number, if PAC		
Street Address 5714 Waterloo Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2 5 1 5
City Canal Winchester	State OH	Zip Code 43110	Amount \$100.00		
Form (Cash, Check, etc.) check					
Full Name of Contributor H. Scott McKenzie			Registration Number, if PAC		
Street Address 2374 Brixton	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2 5 1 5
City Columbus	State OH	Zip Code 43221	Amount \$100.00		
Form (Cash, Check, etc.) check					
Full Name of Contributor Fishel Haas Kim Albrecht, LLP - Marc Fishel			Registration Number, if PAC		
Street Address 405 S. 5th St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2 2 1 5
City Columbus	State OH	Zip Code 43215	Amount \$100.00		
Form (Cash, Check, etc.) check					
Full Name of Contributor Isaac Wiles Burkholder & Teetor, LLC - Brian Zetz			Registration Number, if PAC		
Street Address 2 Miranova Place	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2 4 1 5
City Columbus	State OH	Zip Code 43215	Amount \$250.00		
Form (Cash, Check, etc.) check					
Full Name of Contributor J. Wesley Hall			Registration Number, if PAC		
Street Address 2235 Orangelake Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2 8 1 5
City Lewis Center	State OH	Zip Code 43035	Amount \$100.00		
Form (Cash, Check, etc.) check					
Full Name of Contributor Misc. contributors of \$25 or less			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M 0	D 7	Y 3 0 1 5
City	State OH	Zip Code	Amount \$100.00		
Form (Cash, Check, etc.)					
Full Name of Contributor J. Jeffrey McNealey			Registration Number, if PAC		
Street Address 247 Beck Street	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2 8 1 5
City Columbus	State OH	Zip Code 43206	Amount \$100.00		
Form (Cash, Check, etc.) check					

* 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

\$2,250.00

Total expenditures this event.

\$255.00

Page Total \$ **\$850.00**