



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Re Elect Westcamp for Mayor				
To Whom Paid Little Italy Pizz9		Date (MM/DD/YYYY) 09 30 19		Amount \$ 266.05
Street Address 619 Main St		Purpose Food order for fundraiser @ Birch Bar on 9/30/19		
City Groveport	State OH <input checked="" type="checkbox"/>	Zip Code 43125	Check Number pd cash	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State <input type="checkbox"/>	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.