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31-C
R.C. 3517.10

Statement of Loans Received

Page	

Prescribed by Secretary of State 3/05

Full Name of Committee		11)		- 4	a #50	N	1auno		•		
Full Name of Committee RE-ELECT WESTCAMP MAYOR From Whom Received SULIE WESTCAMP Address 165 CENTER STREET Prior Amount \$600.00 Outstanding Balance \$600.00											
Address 165 CENTER STREET											Outstanding Balance
City GROWEREST	St ate OH	Zip Code	Code Loans Received This Period Date Amou					Payments This Period Date Amount			
Date Loan was	M	D 30	15	M	D	Y	S	М	D	Y	S
originally Incurred Registration Number, if PAC	,,,			М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization	n*			М	D	Y		М	D	Y	
From Whom Received				l			<u> </u>	Prior An	iount	<u> </u>	Amt. Incurred this Period
Address											Outstanding Balance
City	St ate	Zip Code	:	,	Loan Date	ıs Receiv	ed This Period Amount		1 Date	Payments	This Period Amount
Date Loan was	M	D	Y	М	D	Y	\$	М	Date	Y	\$
originally Incurred Registration Number, if PAC	1	ŀ		М	D	Y		M	D	Y	
Employer/Occupation/Labor Organization	n*			М	D	Ÿ		М	D	Y	
From Whom Received				<u>l</u>	1 .	l		Prior An	nount	1	Amt. Incurred this Period
Address						<u> </u>					Outstanding Balance
				Loans Received This Period			Payments This Period				
City	St ate	Zip Code	;	j ,		s Receiv				Payments	
Date Loan was	St ate	Zip Code	Y	M	Loar Date D	Y Y	ved This Period Amount	M	Date D	Payments Y	This Period Amount
					Date		Amount	M	Date		
Date Loan was originally Incurred Registration Number, if PAC	M			М	Date D	Y	Amount		Date	Y	
Date Loan was originally Incurred Registration Number, if PAC Employer/Occupation/Labor Organization	M dividuals c	D over \$100 nployer sl	to statewice	M M de and g	Date D D D eneral aswo or m	Y Y Y ssembly	Amount \$ candidates. If contrib	M M utor is self	Date D D D	Y Y Y ed, the od	Amount \$ ccupation and the name of
Date Loan was originally Incurred Registration Number, if PAC Employer/Occupation/Labor Organization * Required for contributions from inche individual's business, if any, ratilabor organization of which the emilf a loan is forgiven, write "Forg	M dividuals of the than er ployees are tiven" in the steel total	over \$100 nployer slee member the "Outsof all pa	to statewich to statewich to statewich to statewich to statewich to statewich to state the state in the state	M M de and g sted. If t sust also Balance	Date D D D eneral as wo or m appear.	Y Y Ssembly ore emp [R.C. 3	Amount s candidates. If contrib cloyees contribute via p 517.10(B)(4)] fer total of all loans	M Mutor is self payroll ded	Date D D D employe duction ar	Y Y Y Y Y iod, the ord excee	Amount \$ ccupation and the name of d the aggregate of \$100, the
Date Loan was originally Incurred Registration Number, if PAC Employer/Occupation/Labor Organization * Required for contributions from inthe individual's business, if any, ratilabor organization of which the emplif a loan is forgiven, write "Forgincome (Form No. 31-A-2). Transport	dividuals of the than en ployees are given" in the sfer total in No. 30-2	Dover \$100 mployer sle member he "Outs of all pa	to statewic nould be lis s, if any, m tanding B yments m	M M de and g sted. If t sust also Balance	Date D D D eneral as wo or m appear.	Y Y Ssembly ore emp [R.C. 3	Amount s candidates. If contrib cloyees contribute via p 517.10(B)(4)] fer total of all loans	M Mutor is self payroll ded	Date D D D employe duction ar	Y Y Y Y Y iod, the ord excee	Amount \$ ccupation and the name of d the aggregate of \$100, the
Date Loan was originally Incurred Registration Number, if PAC Employer/Occupation/Labor Organization * Required for contributions from inthe individual's business, if any, ratilabor organization of which the employer of the individual of the in	dividuals of the than en ployees are given" in the insfer total in No. 30-2	Dover \$100 mployer sle member he "Outs of all pa	to statewic nould be lis s, if any, m tanding B yments m	M M M de and g sted. If t sust also Balance ade in t	Date D D D eneral as wo or m appear.	Y Seembly ore emp [R.C. 3]	candidates. If contribologues contribute via post process of the statement of Exp	M Mutor is self payroll ded	Date D D D employe duction ar	Y Y Y Y Y iod, the ord excee	Amount \$ ccupation and the name of d the aggregate of \$100, the
Date Loan was originally Incurred Registration Number, if PAC Employer/Occupation/Labor Organization * Required for contributions from inthe individual's business, if any, ratilabor organization of which the employer income (Form No. 31-A-2). Transpalance to the Cover page (Form	dividuals other than er ployees are tiven" in the inster total in No. 30-	Dover \$100 mployer sle member he "Outs of all pa	to statewic nould be lis s, if any, m tanding B yments m	M M de and g sted. If t sust also Balance ade in t	Date D D D eneral as wo or m appear. " space this periods	Y Y Y Y Y Y Grant Trans Sod to t	Amount s candidates. If contrib cloyees contribute via p 517.10(B)(4)] fer total of all loans he Statement of Exp	M Mutor is self payroll ded	Date D D D employe duction ar	Y Y Y Y Y iod, the ord excee	Amount \$ ccupation and the name of d the aggregate of \$100, the